

**BEFORE THE  
FEDERAL TRADE COMMISSION**

**In the matter of:**

**CIVIL INVESTIGATIVE DEMAND TO  
CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

**File No.: 132 3286  
Matter No: 2223073**

**PETITION TO QUASH  
CIVIL INVESTIGATIVE DEMAND**

Petitioner Childhood Leukemia Foundation, Inc., by and through counsel and pursuant to 15 U.S.C. § 57b-1(f) and 16 C.F.R. § 2.10, hereby petitions the Federal Trade Commission (“Commission”) to quash the Civil Investigative Demand issued to Childhood Leukemia Foundation on August 15, 2022 (“CID”). In support of this Petition, Childhood Leukemia Foundation respectfully states the following:

**BACKGROUND**

1. Childhood Leukemia Foundation is a New Jersey corporation that was incorporated in 1992. *See* Declaration of Barbara Haramis ¶ 2, attached hereto as Exhibit A.
2. In 1993, the Internal Revenue Service (“IRS”) granted Childhood Leukemia Foundation’s application to be recognized as a non-profit corporation under 26 U.S.C. § 501(c)(3). *Id.* ¶ 3. Childhood Leukemia Foundation has maintained this status without interruption since 1993. *Id.*
3. Childhood Leukemia Foundation is a charitable corporation that was organized for, and is dedicated to the sole purpose of, educating, empowering and lifting the spirits of children

throughout the United States who are suffering from the devastating effects of cancer. *Id.*

¶ 4.

4. Charitable Leukemia Foundation maintains four principal programs to achieve its stated purpose: “Keeping Kids Connected iPads,” “Hope Binders,” “Hugs U Wear,” and “Wish Baskets.” These programs allow Childhood Leukemia Foundation to provide vital and caring assistance to children who are engaged in daily battles for their lives in the hopes of putting smiles on their faces. These programs assist these children with staying in touch with their friends and family, facilitating their abilities to remain current on schoolwork while receiving crucial cancer treatments, understanding their diagnosis and treatment journey, and restoring lost self-esteem resulting from cancer treatments. *Id.* ¶¶ 4-15.
5. Since Childhood Leukemia Foundation’s charitable work began in 1992, it has always made a concerted effort to ensure that no child’s request to Childhood Leukemia Foundation goes unfulfilled. *Id.* ¶ 15.
6. On August 15, 2022, Commission staff served the CID on Childhood Leukemia Foundation. *See* CID attached as Exhibit B.
7. The stated subject of the investigation is:  
  
Whether [Childhood Leukemia Foundation], as defined herein, committed violations of Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45(a) and/or committed violations of the Commission’s Telemarketing Sales Rule, 16 C.F.R. Part 310, relating to the solicitation of charitable donations, and whether Commission action to obtain monetary relief would be in the public interest.  
  
*See* Exhibit B at 2.
8. The CID requires a response on or before September 12, 2022.

9. Childhood Leukemia Foundation, pro se, met and conferred with Commission staff telephonically on August 24, 2022 and August 30, 2022, regarding Childhood Leukemia Foundation's objections and responses to the CID.
10. In correspondence dated September 1, 2022, undersigned counsel for Childhood Leukemia Foundation notified the Commission's staff attorneys that he was in the process of being retained as counsel and sought an additional conference with Commission counsel.
11. On September 2, 2022, Charles Harwood, Regional Director, authorized the extension of Childhood Leukemia Foundation's deadline to file its Petition to Quash to September 9, 2022. *See* Letter from Mr. Harwood attached hereto as Exhibit C.
12. Counsel for Childhood Leukemia Foundation met with a Commission staff attorney telephonically on September 2, 2022 to discuss the relief sought in this Petition. Specifically, Childhood Leukemia Foundation asserted that the Federal Trade Commission Act ("FTC Act") does not empower the Commission with jurisdiction to issue CIDs to, or serve CIDs on, non-profit corporations like Childhood Leukemia Foundation or require their compliance with them. Therefore, the CID should be quashed.
13. Counsel for Childhood Leukemia Foundation and the Commission's staff attorneys met and conferred with each other on September 7<sup>th</sup> and 8<sup>th</sup>, 2022 to further discuss Childhood Leukemia Foundation's assertion. The Commission's staff attorneys disagreed and the parties were unable to resolve their issues. Childhood Leukemia Foundation therefore seeks the relief sought herein, namely an order that the CID be quashed due to the fact that the FTC Act does not empower the Commission with

jurisdiction to issue CIDs to non-profit corporations, to serve CIDs on non-profit corporations or to require non-profit corporations to comply with CIDs.

## ARGUMENT

### **A. The Commission Lacks Jurisdiction Over Childhood Leukemia Foundation.**

Childhood Leukemia Foundation objects to the CID on the grounds that the Commission lacks the jurisdiction to: i) issue CIDs to non-profit corporations; ii) to serve CIDs on non-profit corporations; and iii) to compel non-profit corporations to comply with the terms of CIDs. Because Childhood Leukemia Foundation is a non-profit corporation, the Commission lacks the aforementioned jurisdiction. Therefore, the CID must be quashed.

#### **1. The Commission Lacks Jurisdiction Over Non-Profit Corporations.**

“[T]he Commission has only such jurisdiction as Congress has conferred upon it by the [FTC] Act.” *Community Blood Bank v. FTC*, 405 F.2d 1011, 1015 (8th Cir. 1969) (citing *FTC v. Western Meat Co.*, 272 U.S. 554, 559 (1926); *FTC v. Sinclair Refining Co.*, 261 U.S. 463, 473 (1992)). The FTC Act only grants the Commission jurisdiction over corporations “organized to carry on business for . . . profit.” *FTC v. Freeman Hosp.*, 914 F. Supp. 331, 333 (1995) (quoting 15 U.S.C. § 44). The FTC Act does not grant the Commission jurisdiction over non-profit corporations like Childhood Leukemia Foundation. *See Community Blood Bank*, 405 F.2d at 1022 (“under § 4 the Commission lacks jurisdiction over nonprofit corporations . . . which are organized for and actually engaged in business for only charitable purposes, and do not derive any ‘profit’ for themselves or their members”); *see also The Telemarketing Sales Rule*, 68 Fed. Reg. 4580, 4585 (Jan. 29, 2003) (“One type of ‘activity which is outside the jurisdiction’ of the FTC Act, as interpreted by the Commission and federal court decisions, is that conducted by non-profit entities. Sections 4 and 5 of the FTC Act, by their terms, provide the Commission

with jurisdiction only over persons, partnerships, or ‘corporations organized to carry on business for their own profit or that of their members.’”); *see also United States v. Carilion Health System*, 707 F. Supp. 840, 841 n.1 (W.D. Va. 1989) (“the FTC Act d[oes] not confer jurisdiction over non-profit entities on the FTC.”).

## **2. The Commission Lacks Investigatory Jurisdiction Over Non-Profit Corporations Based upon the Plain Meaning of the FTC Act.**

### **i. The Definition of “Corporation” in Section 4 of the FTC Act Limits the Commission’s Investigatory Jurisdiction.**

The Commission’s jurisdiction to issue and serve CIDs is not any greater than the general jurisdiction Congress conferred upon the Commission through the FTC Act. The limits on the Commission’s investigatory jurisdiction over non-profit corporations is abundantly clear from the plain meaning of the FTC Act.

Section 4 of the FTC Act contains definitions of terms found in the FTC Act. It declares:

The words defined in this section shall have the following meaning *when found in [the FTC Act]*, to wit: . . .

“Corporation” shall be deemed to include any company, trust, so-called Massachusetts trust, or association, incorporated or unincorporated, which is organized to carry on business for its own profit or that of its members, and has shares of capital or capital stock or certificates of interest, and any company, trust, so-called Massachusetts trust, or association, incorporated or unincorporated, without shares of capital or capital stock or certificates of interest, except partnerships, which is organized to carry on business for its own profit or that of its members.

15 U.S.C. § 44 (emphasis added). Accordingly, any time the word “corporation” is found within the FTC Act, it shall have this prescribed meaning which includes only for-profit corporations and excludes non-profit corporations.

Congress vested the Commission with jurisdiction to issue CIDs only as set forth in Section 20 of the FTC Act:

Whenever the Commission has reason to believe that any person may be in possession, custody, or control of any documentary material or tangible things, or may have any information, relevant to unfair or deceptive acts or practices in or affecting commerce (within the meaning of section 5(a)(1) of this title) . . . the Commission may . . . issue in writing, and cause to be served upon such person, a civil investigative demand requiring such person to produce such documentary material for inspection and copying or reproduction, to submit such tangible things, to file written reports or answers to questions, to give oral testimony concerning documentary material or other information, or to furnish any combination of such material, answers, or testimony.

15 U.S.C. § 57b-1(c)(1) (emphasis added).

Based on Section 20, Congress clearly authorized the Commission to issue CIDs to persons (and only to persons). In fact, Congress also defined person earlier in Section 20 itself:

The term “person” means any natural person, partnership, corporation, association, or other legal entity, including any person acting under color or authority of State law.

15 U.S.C. § 57b-1(a)(6) (emphasis added).

Based upon this statutory framework, the FTC Act empowers the Commission only to issue CIDs to persons. The statutory definition of “persons” contained in Section 20 includes “corporations.” Moreover, Congress specifically and unambiguously stated that whenever the term “corporation” is used in the FTC Act, it must be afforded the definition and meaning contained in Section 4.

Section 20 is part of the FTC Act. Congress did not assign a “special” definition of the term “corporation” for the limited purpose of interpreting the term “person” in Section 20. Therefore, the definition of “corporation” contained in Section 4 **must** be assigned to the word “corporation” found within the definition of “persons” contained in Section 20. Failing to do so disregards Congress’ intent and the plain meaning of the statute. *See United States v. Ron Pair Enters., Inc.*, 489 U.S. 235, 240-41 (1989) (As it relates to statutory interpretation, “as long as

the statutory scheme is coherent and consistent, there generally is no need for a court to inquire beyond the plain language of the statute.”).

When following the plain meaning of the FTC Act and employing the definition of “corporation” contained in Section 4 within the definition of “person” contained in Section 20, it is abundantly clear that Congress only authorized the Commission to issue and serve CIDs to corporations which are “organized to carry on business for its own profit or that of its members.” See 15 U.S.C. § 57b-1(6). The Commission therefore lacks the jurisdiction to issue and serve CIDs to non-profit corporations, like Childhood Leukemia Foundation, that are not organized to carry on business for their own profit or that of their members. See *Community Blood Bank*, 405 F.2d at 1022 (“the Commission lacks jurisdiction over non-profit corporations”). Therefore, the CID must be quashed.

**ii. The Commission Failed to Previously Undertake the Appropriate Statutory Analysis, Resulting in an Incorrect Determination Regarding the Commission’s Investigatory Jurisdiction.**

*In re March 19, 2014 Civil Investigative Demand Issued to Police Protective Fund, Inc.*, File No. 1323239, 2014 FTC LEXIS 130 (May 22, 2014) (“Police Protective Fund”), the Commission determined that it had the investigative jurisdiction under 15 U.S.C. § 57b-1 to issue a CID to a non-profit corporation despite the Commission having no enforcement jurisdiction over non-profit corporations. *Id.* at \*5 (holding the Commission could issue a CID to a tax-exempt, non-profit corporation because the Commission’s investigatory jurisdiction under Section 20 of the FTC Act is greater than the Commission’s enforcement jurisdiction under Section 5 of the FTC Act). This was wrongly decided. In fact, the petitioner in Police Protective Fund did not bring the inherent limitations of the Commission’s jurisdiction to issue CIDs described above to the Commission’s attention. Similarly, the Commission did not embark

on this thoughtful analysis on its own volition. In short, there is no indication that in Police Protective Fund, the Commission considered the unambiguous inherent limitations on its jurisdiction that are derived from Sections 4 and 20 of the FTC Act. It should be disregarded.

**3. Whether a Corporation is a Non-Profit Corporation not Subject to the Commission's Jurisdiction is Determined by the Two-Prong Non-Profit Test.**

A two-prong test determines whether a corporation is a non-profit corporation over which the Commission lacks jurisdiction. This test looks to “the source of the [entity’s] income, i.e., to whether the corporation is ‘organized for and actually engaged in business for only charitable purposes,’ and to the destination of the income, i.e. to whether either the corporation or its members derive a profit.” *In re Daniel Chapter One and James Feijo*, DOCKET NO. 9329, 2009 FTC LEXIS 157, at \*143 (Aug. 5, 2009) (quoting *In re College Football Ass’n, et al.*, Docket 9242, 1994 FTC LEXIS 350, at \*51-52 (June 16, 1994)). The test focuses on “whether the organization’s funds are properly used for recognized public purposes, rather than distributed to private persons or for-profit companies.” *In re College Football Ass’n, et al.*, 1994 FTC LEXIS 350, at \*9; *see also Community Blood Bank*, 405 F.2d at 1019 (“[S]o long as its income is devoted exclusively to the purposes of the corporation, and not distributed to members or shareholders, it surely does not cease to be a nonprofit corporation merely because it has income[.]”) (internal citations omitted). “A determination by the IRS, that a [corporation] organized and operated for purposes recognized as conferring non-profit status under Section 501(c)(3) should not be disregarded” by the Commission in its determination of whether a company is a non-profit corporation. *In re College Football Ass’n, et al.*, 1994 FTC LEXIS 350, at \*36.

**i. Childhood Leukemia Foundation is Organized for and Actually Engaged in Business for Only Charitable Purposes.**

Here, it is unquestionable that Childhood Leukemia Foundation is a charitable non-profit corporation outside the Commission's jurisdiction. Childhood Leukemia Foundation is a corporation properly organized and existing under the laws of the State of New Jersey. *See* Haramis Decl. ¶ 2. Childhood Leukemia Foundation is a charitable non-profit corporation that was organized for - and is dedicated to - the sole purpose of achieving its mission. As previously stated, this mission is to educate, empower and lift the spirits of children located throughout the United States who are suffering from the devastating effects of cancer. *Id.* ¶¶ 4-15. Childhood Leukemia Foundation has been solely engaged in charitable business for approximately 30 years. Childhood Leukemia Foundation's business serves no other purpose than the foregoing charitable purpose. *Id.* ¶ 5. In operating solely for its charitable purpose, Childhood Leukemia Foundation does not carry on its charitable business for its own profit or the profit of its members. *See* Haramis Decl. ¶ 17. In 1993, the IRS granted Childhood Leukemia Foundation's application to be recognized as a non-profit corporation under 26 U.S.C. § 501(c)(3). *See* Haramis Decl. ¶ 3. Childhood Leukemia Foundation has maintained this status without interruption since 1993. *Id.*

Over the past three years, more than approximately 99% of Childhood Leukemia Foundation's revenue has come from charitable donations obtained through fundraisers and solicitations. *Id.* ¶ 16. This revenue is then used by Childhood Leukemia Foundation to fund its charitable programs and achieve its charitable purpose and mission. *Id.* The foregoing establishes that Childhood Leukemia Foundation is organized for and actually engaged in business only for charitable purposes. "[T]he Commission lacks jurisdiction over nonprofit

corporations . . . which are organized for and actually engaged in business only for charitable purposes.” *Community Blood Bank*, 405 F.2d at 1022.

**ii. Neither Childhood Leukemia Foundation Nor its Members Derive a Profit from Childhood Leukemia Foundation.**

Childhood Leukemia Foundation does not derive any profit for itself or its members. *See* Haramis Decl. ¶ 17; *see also Community Blood Bank*, 405 F.2d at 1022 (“the Commission lacks jurisdiction over nonprofit corporations . . . which . . . do not derive any ‘profit’ for themselves or their members”). As can be seen from Childhood Leukemia Foundation’s Forms 990 for 2019, 2020, and 2021, Childhood Leukemia Foundation has no members that derive a profit from Childhood Leukemia Foundation. *See* Haramis Decl. ¶ 17. In fact, Childhood Leukemia Foundation does not have any members whatsoever, including for profit members. *Id.* ¶ 18.

The day-to-day affairs of Childhood Leukemia Foundation are supervised by four individual trustees. None of these trustees receive compensation, profit, or pecuniary benefits from Childhood Leukemia Foundation. *Id.* ¶ 19. Childhood Leukemia Foundation compensates its staff, including the Executive Director, for services rendered that allows Childhood Leukemia Foundation to implement its charitable programs. *Id.* ¶ 22. This, however, is not evidence of Childhood Leukemia Foundation being a for-profit corporation. *See In re College Football Ass’n et al.*, 1994 FTC LEXIS 350, at \*31 (dismissing the action as the Commission lacked jurisdiction over the College Football Association (“CFA”) due to its non-profit status, notwithstanding the fact that “CFA’s staff, including its executive director, are . . . compensate[d] for services rendered.”). As the foregoing demonstrates, Childhood Leukemia Foundation is not “an entity organized to carry on activities that [] confer greater than *de minimis* or presumed economic benefits on” its profit seeking members. *Cal. Dental Ass’n v. FTC*, 526 U.S. 756, 767 n.6 (1999).

While Childhood Leukemia Foundation’s revenue exceeds expenses in some years, the “[r]eceipt of income in excesses of expenses, making an organization capable of self-perpetuation or expansion, is not ‘profit’ within the meaning of [the FTC Act].” *In re College Football Ass’n et al.*, 1994 FTC LEXIS 350, at \*9, \*51 (citing *Community Blood Bank*, 405 F.2d at 1016). Childhood Leukemia Foundation’s income is intended to be reinvested in it to fund, expand, and further its charitable purpose and mission of helping children suffering from cancer. *See* Haramis Decl. ¶ 21; *see also Community Blood Bank*, 405 F.2d at 1019 (“[S]o long as its income is devoted exclusively to the purpose of the corporation, and not distributed to members or shareholders, it surely does not cease to be a non-profit corporation merely because it has income[.]”) (citation omitted).

Childhood Leukemia Foundation derives no profit from its business operations. *See* Haramis Decl. ¶ 20; *see also Community Blood Bank*, 405 F.2d at 1022 (“the Commission lacks jurisdiction over non-profit corporations . . . which are organized for and actually engaged in business only for charitable purposes, and do not derive any ‘profit’ for themselves”). Therefore, Childhood Leukemia Foundation is a non-profit corporation and is outside the scope of “corporation” as defined in Section 4 of the FTC Act.

#### **4. Conclusion**

The Commission has no authority or jurisdiction to investigate non-profit corporations by issuing CIDs to them or to serve them with CIDs. Childhood Leukemia Foundation is a non-profit corporation. Therefore, the CID issued to Childhood Leukemia Foundation must be quashed.

September 9, 2022

Respectfully submitted,

CHILDHOOD LEUKEMIA  
FOUNDATION, INC.



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# EXHIBIT A

**FEDERAL TRADE COMMISSION**

**In the matter of:**

**CIVIL INVESTIGATIVE DEMAND TO  
CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

**File No.: 132 3286  
Matter No: 2223073**

**DECLARATION OF BARBARA HARAMIS  
IN SUPPORT OF PETITIONER CHILDHOOD LEUKEMIA FOUNDATION, INC.'S  
PETITION TO QUASH CIVIL INVESTIGATIVE DEMAND**

Pursuant to 28 U.S.C. § 1746, I, BARBARA HARAMIS, under penalty of perjury, declare as follows:

1. My name is Barbara Haramis. I am over 21 years of age and am competent to give testimony. I make the statements in this declaration based on my personal knowledge, including knowledge gained in my position as the Executive Director of Childhood Leukemia Foundation, Inc. (“Childhood Leukemia Foundation”).

2. Childhood Leukemia Foundation is a corporation organized and existing under the laws of the State of New Jersey. Its corporate existence commenced in 1992. *See* Childhood Leukemia Foundation’s Certificates of Amendment to The Certificate of Incorporation of Childhood Leukemia Foundation, Inc., attached as Exhibit 1.

3. In 1993, the Internal Revenue Service granted Childhood Leukemia Foundation’s application to be recognized as a nonprofit corporation under 26 U.S.C. § 501(c)(3). *See* IRS letter dated January 17, 2007, attached as Exhibit 2. Childhood Leukemia Foundation has maintained this status without interruption since 1993.

4. Childhood Leukemia Foundation is a charitable non-profit corporation that was organized for and is dedicated to the sole purpose of achieving its mission, which is to educate, empower and lift the spirits of children suffering with the devastating effects of cancer throughout the United States.

5. Childhood Leukemia Foundation's business serves no purpose other than its foregoing charitable purpose.

6. Childhood Leukemia Foundation's current charitable services consist of four main programs, "Keeping Kids Connected iPads," "Hope Binders," "Hugs U Wear," and "Wish Baskets."

7. Childhood Leukemia Foundation's "Keeping Kids Connected iPads" program provides iPads to children suffering from all types of cancer. The iPads allow the children to remain connected to their family, friends and schoolwork while actively receiving cancer treatment. Facetime, email, and texts provide emotional and psychological support to hospitalized children. The iPads offer distractions to help children cope with the anxiety and boredom associated with cancer treatment and hospital confinement.

8. Since January 1, 2019 to August 24, 2022, Childhood Leukemia Foundation has provided approximately 2,191 iPads to children suffering from all types of cancer and hospitals treating such children. Childhood Leukemia Foundation's report showing iPad recipients from January 1, 2019 to September 2, 2022 is attached as Exhibit 3.

9. Childhood Leukemia Foundation's "Hope Binders" program helps to improve a child and their family's level of health literacy. The children and their families are often overwhelmed with the amount of medical and insurance information associated with a chronic illness like cancer. The Hope Binders have various sections to reference and record medical

information in regarding the child's treatment. The Hope Binders include helpful hints and valuable resources.

10. From January 1, 2019 to September 2, 2022, Childhood Leukemia Foundation has distributed approximately 1,950 Hope Binders, upon diagnosis, to hospitals throughout the United States that are treating children suffering from all types of cancer. Childhood Leukemia Foundation's report showing Hope Binder recipients from January 1, 2019 to September 2, 2022 is attached as Exhibit 4.

11. Childhood Leukemia Foundation's "Hugs U Wear" program offers custom-made human hair wigs to child suffering from all types of cancer who have lost their own hair due to cancer treatments. These wigs help children cope with the stress and embarrassment of hair loss, while helping to restore a child's self-esteem, promote a positive self-image, and ease the transition back to normal life.

12. From January 1, 2019 to August 24, 2022, Childhood Leukemia Foundation has provided these custom wigs to approximately 174 children suffering from all types of cancer. Childhood Leukemia Foundation's report showing Hugs U Wear recipients from January 1, 2019 to September 2, 2022 is attached as Exhibit 5.

13. Childhood Leukemia Foundation's educational "Wish Basket" program provides age-appropriate baskets to children suffering from all types of cancer. These STEAM (Science Technology Engineering Arts and Mathematics) inspired baskets contain a number of items that are age-appropriate to help children learn, and cope with anxiety and boredom associated with cancer treatment and hospital confinement.

14. Since January 1, 2019 to September 2, 2022, Childhood Leukemia Foundation has provided educational Wish Baskets to approximately 1,085 children suffering from all types of

cancer. Childhood Leukemia Foundation's report showing Wish Basket recipients from January 1, 2019 to September 2, 2022 is attached as Exhibit 6.

15. Due to the sheer volume of the thousands of requests and appreciation letters Childhood Leukemia Foundation has received related to its charitable programs, it is not feasible to provide them all. Therefore, attached as composite Exhibit 7 is a small sample of the requests and appreciation letters Childhood Leukemia Foundation has received related to its charitable programs. Childhood Leukemia Foundation requires verification of the child's cancer diagnosis by the child's medical professional in order to fulfill their request. Upon diagnosis verification, Childhood Leukemia Foundation makes a concerted effort to ensure that no child's request is unfulfilled.

16. Over the past three years, approximately more than 99% of Childhood Leukemia Foundation's revenue comes from public charitable donations, obtained through fundraisers and solicitations. *See* Childhood Leukemia Foundation's Forms 990 for 2019, 2020, and 2021, attached as composite Exhibit 8. This revenue is then used by Childhood Leukemia Foundation to fund its charitable programs and achieve its charitable purpose and mission.

17. Childhood Leukemia Foundation does not derive any profit for itself or its members, nor carries on its business for its own profit or the profit of its members.

18. Childhood Leukemia Foundation has no members, including profit seeking members.

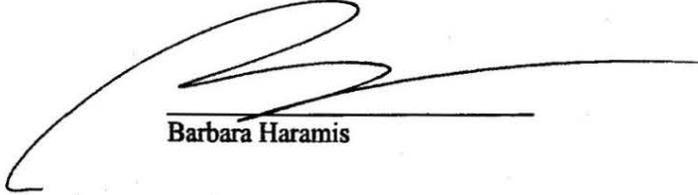
19. Childhood Leukemia Foundation currently has four individual trustees. None of the trustees receive compensation, profit, or pecuniary benefits from Childhood Leukemia Foundation.

20. Childhood Leukemia Foundation derives no profit from its business operations.

21. Childhood Leukemia Foundation's income is intended to fund, expand, and further its purpose and mission of helping children suffering from cancer.

22. Childhood Leukemia Foundation compensates its staff, including the Executive Director, for services rendered that allows Childhood Leukemia Foundation to implement its charitable programs. Childhood Leukemia Foundation no longer has a Chief Operating Officer.

Executed on this 8 day of September, 2022.



Barbara Haramis

# EXHIBIT 1

JUL 15 1996

**CERTIFICATE OF AMENDMENT TO THE  
CERTIFICATE OF INCORPORATION OF  
CHILDHOOD LEUKEMIA FOUNDATION, INC.**

LORNA P. MOON  
Secretary of State

The undersigned hereby certify that they are the President and Secretary, respectively, of Childhood Leukemia Foundation, Inc., a New Jersey non-profit corporation, organized under Title 15A: 2-8 of the New Jersey Non-Profit Corporation Act, and that the following amendments to the Certificate of Incorporation were adopted pursuant to said Act by the affirmative vote of a majority of the trustees in office, at a meeting of the Board of Trustees duly held and called on the 26th day of September, 1996.

**ARTICLE ONE**

The name of the Corporation shall continue to be: CHILDHOOD LEUKEMIA FOUNDATION, INC.

**ARTICLE FOUR**

The Corporation has been organized and shall be operated exclusively for purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended ("the Code"). The purposes for which the Corporation is formed are:

To alleviate the pain and suffering of children, from ages birth to 21, afflicted with cancer. The Corporation's services shall be primarily directed to attending to those areas that are outside of the normal operating procedure of a hospital or hospice. The Corporation will provide support personnel when a child enters a hospital or hospice. Said personnel shall include, but shall not be limited to, play room coordinators or medical specialists, depending upon the needs of the particular patient. The Corporation shall also provide nursing, transportation, and related programs in addition to other programs, such as sending patients to summer camp, providing recreational trips, and parties. The Corporation will provide a newsletter and informational pamphlets to enhance community education.

In furtherance thereof, the Corporation may receive property by gift, devise or bequest, invest or reinvest the same, and apply the income in principal thereof, as the Board of Trustees may from time to time determine, either directly or through contributions to any charitable organization or organizations, exclusively for charitable, scientific, literary, or educational purposes.

The Corporation shall further have all the general powers enumerated by the New Jersey Non-Profit Corporation Act, as now in effect or may hereafter be amended, together with the power to solicit grants and contributions for such purposes. The Corporation shall not, except to an insubstantial degree, engage in any activity or exercise any powers that are not in furtherance of its primary purposes or in contravention of its status as a tax-

exempt organization.

ARTICLE FIVE

The Corporation shall not have members.

ARTICLE SIX

There being no membership, this Certificate of Amendment of the Certificate of Incorporation shall not provide for any rights and/or limitations of the members.

ARTICLE SEVEN

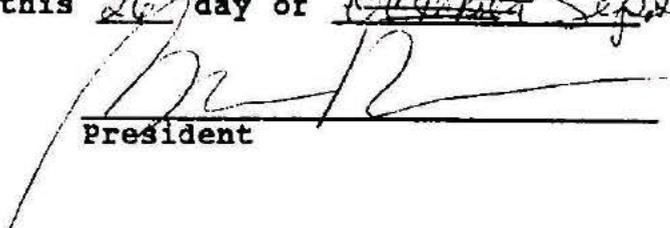
The affairs of the Corporation shall be administered by the Board of Trustees, and the method of electing said trustees shall be as set forth in the Bylaws.

ARTICLE THIRTEEN

A trustee or officer shall not be personally liable to the Corporation or its members for damages for breach of any duty and to the Corporation or its members, except that such trustee or officer shall not be relieved from liability for any breach based upon an act or omission in breach of such trustee's or officer's duty of a loyalty to the Corporation or its members, or not in good faith or involving a knowing violation of law or resulting in receipt by such person of an important personal benefit.

The remaining provisions of the Certificate of Incorporation as filed on May 6, 1992, shall remain in full force and effect.

IN TESTIMONY WHEREOF, the President and Secretary have caused this Certificate to be signed this 26 day of ~~October~~ September 1996.

  
\_\_\_\_\_  
President

ATTEST:

  
\_\_\_\_\_  
Secretary

STATE OF NEW JERSEY )  
COUNTY OF Ocean ) ss.

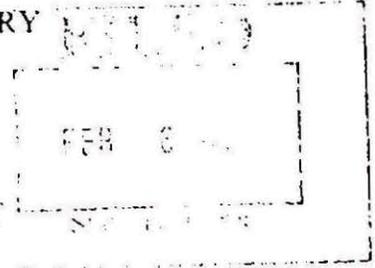
On this 26<sup>th</sup> day of September, 1996, before me PAUL C. BRUSH, a notary public in and for said county and state, personally appeared Barbara Reid and KEN REID, who declared that they signed this Certificate of Amendment in their respective capacity as President and Secretary of Childhood Leukemia Foundation, Inc., and acknowledge that the statements contained therein are true and correct to their best knowledge and belief.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:  
7/1/01

PAUL C BRUSH  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires July 1, 2001

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE  
CERTIFICATE OF AMENDMENT TO THE  
CERTIFICATE OF INCORPORATION  
OF  
CHILDHOOD LEUKEMIA FOUNDATION, INC  
(A New Jersey Nonprofit Corporation)  
Title 15:9-4 New Jersey Nonprofit Corporation Act

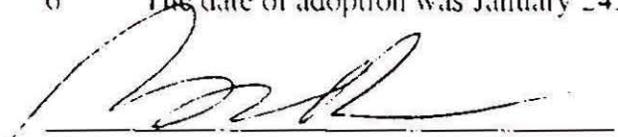


Pursuant to the provisions of the above cited Statute, the undersigned corporation executes the following Certificate of Amendment to its Certificate of Incorporation

- 1 Name of the Corporation: Childhood Leukemia Foundation, Inc
- 2 Corporation Number: 0100517143
- 3 Article 11 of the Certificate of Incorporation is hereby amended to read as follows:

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation by distributing those assets exclusively for public charitable uses and purposes as shall at the time qualify as exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and as other than a private foundation under Section 509(a) of the Internal Revenue Code, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the county in which the principal office of the Corporation is then located, exclusively for charitable and educational purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for charitable and educational purposes.

- 4 The Corporation does not have members
- 5 Adoption and approval was by unanimous written consent of all Trustees without a meeting
- 6 The date of adoption was January 24, 2002.

  
\_\_\_\_\_  
Signature

1/29/02  
\_\_\_\_\_  
Date

BARBARA Reid Executive Director  
(Type Name and Title)

0100517143

**CERTIFICATE OF AMENDMENT TO THE  
CERTIFICATE OF INCORPORATION OF  
CHILDHOOD LEUKEMIA FOUNDATION, INC.**

The undersigned hereby certify that they are the President and Secretary, respectively, of Childhood Leukemia Foundation, Inc., a New Jersey non-profit corporation, organized under Title 15A: 2-8 of the New Jersey Non-Profit Corporation Act, and that the following amendments to the Certificate of Incorporation were adopted pursuant to said Act by the affirmative vote of a majority of the trustees in office, at a meeting of the Board of Trustees duly held and called.

**ARTICLE ONE**

The name of the Corporation shall continue to be: CHILDHOOD LEUKEMIA FOUNDATION, INC.

**ARTICLE FOUR**

The Corporation has been organized and shall be operated exclusively for purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended ("the Code"). The purposes for which the Corporation is formed are:

To alleviate the pain and suffering of children, from ages birth to 21, afflicted with cancer. The Corporation's services shall be primarily directed to attending to those areas that are outside of the normal operating procedure of a hospital or hospice. The Corporation will provide support personnel when a child enters a hospital or hospice. Said personnel shall include, but shall not be limited to, play room coordinators or medical specialists, depending upon the needs of the particular patient. The Corporation shall also provide nursing, transportation, and related programs in addition to other programs, such as sending patients to summer camp, providing recreational trips, and parties. The Corporation will provide a newsletter and informational pamphlets to enhance community education.

In furtherance thereof, the Corporation may receive property by gift, devise or bequest, invest or reinvest the same, and apply the income in principal thereof, as the Board of Trustees may from time to time determine, either directly or through contributions to any charitable organization or organizations, exclusively for charitable, scientific, literary, or educational purposes.

The Corporation shall further have all the general powers enumerated by the New Jersey Non-Profit Corporation Act, as now in effect or may hereafter be amended, together with the power to solicit grants and contributions for such purposes. The Corporation shall not, except to an insubstantial degree, engage in any activity or exercise any powers that are not in furtherance of its primary purposes or in contravention of its status as a tax-

exempt organization.

**ARTICLE FIVE**

The Corporation shall not have members.

**ARTICLE SIX**

There being no membership, this Certificate of Amendment of the Certificate of Incorporation shall not provide for any rights and/or limitations of the members.

**ARTICLE SEVEN**

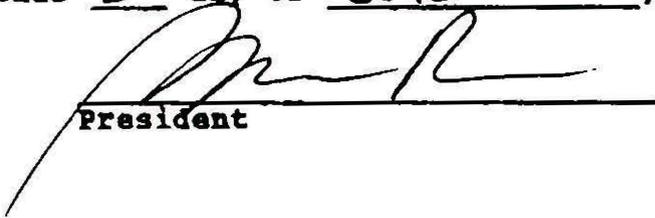
The affairs of the Corporation shall be administered by the Board of Trustees, and the method of electing said trustees shall be as set forth in the Bylaws.

**ARTICLE THIRTEEN**

A trustee or officer shall not be personally liable to the Corporation or its members for damages for breach of any duty and to the Corporation or its members, except that such trustee or officer shall not be relieved from liability for any breach based upon an act or omission in breach of such trustee's or officer's duty of a loyalty to the Corporation or its members, or not in good faith or involving a knowing violation of law or resulting in receipt by such person of an important personal benefit.

The remaining provisions of the Certificate of Incorporation as filed on May 6, 1992, shall remain in full force and effect.

IN TESTIMONY WHEREOF, the President and Secretary have caused this Certificate to be signed this 2<sup>nd</sup> day of June, 1996.

  
\_\_\_\_\_  
President

ATTEST:

  
\_\_\_\_\_  
Secretary

STATE OF NEW JERSEY )  
 ) ss.  
COUNTY OF Ocean )

On this 3 day of October, 1996, before me ANNE T. CLAPP, a notary public in and for said county and state, personally appeared BARBARA REID and KEN REID, who declared that they signed this Certificate of Amendment in their respective capacity as President and Secretary of Childhood Leukemia Foundation, Inc., and acknowledge that the statements contained therein are true and correct to their best knowledge and belief.

Anne T. Clapp  
Notary Public  
ANNE T. CLAPP, A  
NOTARY PUBLIC OF N.J.

My Commission Expires:

4/14/97

# EXHIBIT 2

**Internal Revenue Service**

**Date:** January 17, 2007

CHILDHOOD LEUKEMIA FOUNDATION INC  
% BARBARA REID  
807 MANTOLOKING RD STE 202  
BRICK NJ 08723

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**

Ms. Jackie Johnson 31-07453  
Customer Service Representative  
**Toll Free Telephone Number:**  
877-829-5500  
**Federal Identification Number:**  
52-1825483

Dear Madam:

This is in response to your request of January 17, 2007, the above address has been updated as requested.

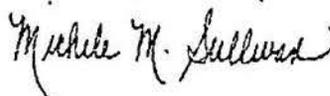
In September 1993 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1

# EXHIBIT 3

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| PRC                                 | Date       | Num   | Name                                      | City               | State | Health Professional | Child's Name | Item         | Qty |
|-------------------------------------|------------|-------|---|--------------------|-------|---------------------|--------------|--------------|-----|
| Keeping Kids Connected iPad Program | 02/01/2019 | 21239 | The Children's Hospital at Sinai          | Baltimore          | MD    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21240 | Nemours Childrens Clinic                  | Jacksonville       | FL    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21241 | Childrens Hospital of Orange County       | Orange             | CA    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21242 | Childrens Hospital of Orange County       | Orange             | CA    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21243 | University Medical Center                 | Tucson             | AZ    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21244 | Helen DeVos Childrens Hospital            | Grand Rapids       | MI    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21245 | Florida Childrens Hospital                | Orlando            | FL    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21246 | K. Hovnanian Children's Center            | Neptune            | NJ    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21247 | Lucile Packard Children's Hospital        | Palo Alto          | CA    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21248 | Childrens Hospital of the Kings Daughters | Norfolk            | VA    |                     |              | iPad Program | 1   |
|                                     | 02/01/2019 | 21249 | Brooke Army Medical Center                | JBSA Fort Sam Hous | TX    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21345 | Mercy Children's Hospital                 | Toledo             | OH    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21346 | Loma Linda Univ. Hosp.                    | San Bernadino      | CA    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21347 | Wolfson Children's Hospital               | Jacksonville       | FL    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21348 | Wolfson Children's Hospital               | Jacksonville       | FL    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21349 | Methodist Childrens Hospital              | San Antonio        | TX    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21350 | Loma Linda Univ. Hosp.                    | San Bernadino      | CA    |                     |              | iPad Program | 1   |
|                                     | 03/18/2019 | 21351 | Wolfson Children's Hospital               | Jacksonville       | FL    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                         | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 03/18/2019 | 21352 | Maimonides of Brooklyn       | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21353 | University Medical Center    | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21354 | Wolfson Children's Hospital  | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21355 | Loyola University MC         | Maywood       | IL    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21356 | Kids Cancer Foundation       | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21357 | University Medical Center    | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21358 | University Medical Center    | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 03/18/2019 | 21359 | Mercy Children's Hospital    | Toledo        | OH    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21361 | University Medical Center    | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21362 | Mercy Children's Hospital    | Toledo        | OH    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21363 | Loma Linda Univ. Hosp.       | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21364 | Wolfson Children's Hospital  | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21365 | Wolfson Children's Hospital  | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21366 | Methodist Childrens Hospital | San Antonio   | TX    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21367 | Loma Linda Univ. Hosp.       | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21368 | Wolfson Children's Hospital  | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21369 | Maimonides of Brooklyn       | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21370 | Wolfson Children's Hospital  | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21371 | Loyola University MC         | Maywood       | IL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21372 | Kids Cancer Foundation       | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21373 | University Medical Center    | Tucson        | AZ    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                | City         | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-------------------------------------|--------------|-------|---------------------|--------------|--------------|-----|
| 04/01/2019 | 21374 | University Medical Center           | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 04/01/2019 | 21375 | Mercy Children's Hospital           | Toledo       | OH    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21441 | Upstate Medical University          | Syracuse     | NY    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21442 | Mission Hospital                    | Ashville     | NC    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21443 | Florida Childrens Hospital          | Orlando      | FL    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21444 | Children's Hospital of Pittsburgh   | Pittsburgh   | PA    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21445 | Loma Linda Childrens Hospital       | Loma Linda.  | CA    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21446 | Morristown Memorial Hospital        | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21447 | University Medical Center           | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21448 | Kaiser Permanente Oakland           | Oakland      | CA    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21449 | Florida Childrens Hospital          | Orlando      | FL    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21450 | University Medical Center           | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 05/08/2019 | 21451 | Florida Childrens Hospital          | Orlando      | FL    |                     |              | iPad Program | 1   |
| 06/20/2019 | 21539 | Nemours Childrens Clinic            | Jacksonville | FL    |                     |              | iPad Program | 7   |
| 06/20/2019 | 21540 | By the Bay                          | Larkspur     | CA    |                     |              | iPad Program | 15  |
| 06/20/2019 | 21541 | MUSC Children's Hospital            | Charleston   | SC    |                     |              | iPad Program | 1   |
| 06/20/2019 | 21542 | Wolfson Children's Hospital         | Jacksonville | FL    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21543 | Cohen's Children's Hospital         | New Hyde     | NY    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21544 | Childrens Hospital of Orange County | Orange       | CA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21545 | Childrens Hospital of Orange County | Orange       | CA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21546 | seattle childrens hospital          | Seattle      | WA    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name   | City         | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|--|--------------|-------|---------------------|--------------|--------------|-----|
| 06/21/2019 | 21547 | Ventura Country Medical Center - VCMC            | Ventura      | CA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21548 | University Medical Center                        | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21549 | Loyola University MC                             | Maywood      | IL    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21550 | Childrens Hospital of Philly                     | Philadelphia | PA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21551 | George Mark House                                | San Leandro  | CA    |                     |              | iPad Program | 3   |
| 06/21/2019 | 21551 | George Mark House                                | San Leandro  | CA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21553 | University Medical Center                        | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21554 | Wolfson Children's Hospital                      | Jacksonville | FL    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21555 | Childrens Hospital of LA                         | Los Angeles  | CA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21556 | Prisma - Greenville<br>Childrens Hospital of San | Greenville   | SC    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21557 | Antonio  | San Antonio  | TX    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21558 | Carilion Childrens Hospital                      | Roanoke      | VA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21559 | Mary Bridge Childrens<br>Hospital                | Tacoma       | WA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21560 | Morristown Memorial<br>Hospital                  | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21561 | University Medical Center                        | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21562 | Dana Farber Children's<br>Hospital               | Boston       | MA    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21563 | University Medical Center                        | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 06/21/2019 | 21564 | Upstate Golisano Childrens<br>Hospital           | Syracuse     | NY    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21606 | Children's Hospital of<br>Pittsburgh             | Pittsburgh   | PA    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21607 | Children's Hospital of<br>Pittsburgh             | Pittsburgh   | PA    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21608 | Children's Hospital of<br>Pittsburgh             | Pittsburgh   | PA    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21609 | Children's Hospital of<br>Pittsburgh             | Pittsburgh   | PA    |                     |              | iPad Program | 1   |

CLF Program Services

Transaction Detail By Account

January 1, 2019 through August 24, 2022

| Date       | Num   | Name                                      | City              | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|-------------------|-------|---------------------|--------------|--------------|-----|
| 07/24/2019 | 21610 | Children's Hospital of Pittsburgh         | Pittsburgh        | PA    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21611 | Memorial Sloan Kettering Cancer Center    | New York          | NY    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21612 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21613 | Texas Children's Hospital                 | Houston           | TX    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21614 | Texas Children's Hospital                 | Houston           | TX    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21615 | Kaiser Permante san diego                 | san diego         | CA    |                     |              | iPad Program | 1   |
| 07/24/2019 | 21616 | Conneticut Childrens MC                   | Hartford          | CT    |                     |              | iPad Program | 1   |
| 08/13/2019 | 21619 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |                     |              | iPad Program | 1   |
| 08/13/2019 | 21623 | Morristown Memorial Hospital              | Morristown        | NJ    |                     |              | iPad Program | 1   |
| 08/13/2019 | 21624 | Children's Hospital & Medical Center      | Omaha             | NE    |                     |              | iPad Program | 1   |
| 08/13/2019 | 21625 | Helen DeVos Childrens Hospital            | Grand Rapids      | MI    |                     |              | iPad Program | 1   |
| 08/15/2019 | 21617 | Hackensack M.C.                           | Hackensack        | NJ    |                     |              | iPad Program | 12  |
| 08/15/2019 | 21617 | Hackensack M.C.                           | Hackensack        | NJ    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21665 | Mercy Children's Hospital                 | Toledo            | OH    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21666 | Kaiser Permante san diego                 | san diego         | CA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21667 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21668 | Childrens Hospital of San Antonio         | San Antonio       | TX    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21669 | Children's Hospital of Pittsburgh         | Pittsburgh        | PA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21670 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21671 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21672 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                      | City              | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|-------------------|-------|---------------------|--------------|--------------|-----|
| 09/03/2019 | 21673 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21674 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |                     |              | iPad Program | 1   |
| 09/03/2019 | 21675 | Mercy Children's Hospital                 | Toledo            | OH    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21676 | Morristown Memorial Hospital              | Morristown        | NJ    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21677 | Morristown Memorial Hospital              | Morristown        | NJ    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21678 | Loyola University MC                      | Maywood           | IL    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21679 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21680 | Texas Children's Hospital                 | Houston           | TX    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21681 | Texas Children's Hospital                 | Houston           | TX    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21682 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 09/03/2019 | 21683 | Nemours Childrens Clinic                  | Jacksonville      | FL    |                     |              | iPad Program | 1   |
| 09/05/2019 | 21684 | Florida Childrens Hospital                | Orlando           | FL    |                     |              | iPad Program | 5   |
| 09/24/2019 | 21690 | Michigan State University                 | Lansing           | MI    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21691 | Michigan State University                 | Lansing           | MI    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21692 | Michigan State University                 | Lansing           | MI    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21693 | Michigan State University                 | Lansing           | MI    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21695 | Loma Linda Childrens Hospital             | Loma Linda.       | CA    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21696 | Children's MC of Dayton                   | Dayton            | OH    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21697 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                | City            | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-------------------------------------|-----------------|-------|---------------------|--------------|--------------|-----|
| 09/24/2019 | 21698 | Childrens Hospital of Orange County | Orange          | CA    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21699 | Mary Bridge Childrens Hospital      | Tacoma          | WA    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21700 | Morristown Memorial Hospital        | Morristown      | NJ    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21701 | Loma Linda Univ. Hosp.              | San Bernadino   | CA    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21702 | Childrens Hospital of Philly        | Philadelphia    | PA    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21703 | Nemours Childrens Clinic            | Jacksonville    | FL    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21704 | St. Vincent Hospital                | Green Bay       | WI    |                     |              | iPad Program | 1   |
| 09/24/2019 | 21705 | Hackensack M.C.                     | Hackensack      | NJ    |                     |              | iPad Program | 10  |
| 10/09/2019 | 21738 | Hackensack M.C.                     | Hackensack      | NJ    |                     |              | iPad Program | 10  |
| 10/09/2019 | 21739 | Morristown Memorial Hospital        | Morristown      | NJ    |                     |              | iPad Program | 10  |
| 10/10/2019 | 21740 | Morristown Memorial Hospital        | Morristown      | NJ    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21741 | Childrens Hospital of Philadelphia  | King of Prussia | PA    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21742 | Michigan State University           | Lansing         | MI    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21743 | Michigan State University           | Lansing         | MI    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21744 | Kaiser Permante Anaheim             | Anaheim         | CA    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21745 | Childrens National M.C.             | Washington      | DC    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21746 | John Stroger Hospital               | Chicago         | IL    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21747 | John Stroger Hospital               | Chicago         | IL    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21748 | Mercy Children's Hospital           | Toledo          | OH    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21749 | Childrens Hospital of LA            | Los Angeles     | CA    |                     |              | iPad Program | 1   |
| 10/10/2019 | 21750 | Texas Children's Hospital           | Houston         | TX    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name  | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|---------------|-------|---------------------|--------------|--------------|-----|
| 10/10/2019 | 21751 | Loma Linda Univ. Hosp.                                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 10/18/2019 | 21756 | Children's Mercy Hospital & Clinics                   | Kansas City   | MO    |                     |              | iPad Program | 1   |
| 10/18/2019 | 21757 | Penn State Milton S. Hersey Medical Cente             | Hersey        | PA    |                     |              | iPad Program | 15  |
| 10/18/2019 | 21758 | Helen DeVos Childrens Hospital                        | Grand Rapids  | MI    |                     |              | iPad Program | 10  |
| 10/18/2019 | 21759 | CS Motts Childrens Hospital                           | Ann Arbor     | MI    |                     |              | iPad Program | 10  |
| 10/18/2019 | 21760 | MSU Hematology/Oncology Childrens Hospital University | Lansing       | MI    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21765 | of Illinois   | Chicago       | IL    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21766 | Advocate Childrens Hospital Loma Linda Childrens      | Park Ridge    | IL    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21767 | Hospital  | Loma Linda.   | CA    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21768 | Kaiser Permante san diego Lucile Packard Children's   | san diego     | CA    |                     |              | iPad Program | 5   |
| 10/29/2019 | 21769 | Hospital  | Palo Alto     | CA    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21770 | Mercy Children's Hospital Nationwide Children's       | Toledo        | OH    |                     |              | iPad Program | 5   |
| 10/29/2019 | 21771 | Hospital  | Columbus      | OH    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21772 | Cincinnati Children's Hospital                        | Cincinnati    | OH    |                     |              | iPad Program | 10  |
| 10/29/2019 | 21773 | montana children's Advocate Hope Children's           | Kalispell     | MT    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21774 | Hospital  | Oak Lawn      | IL    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21775 | Loma Linda Univ. Hosp.                                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21776 | Nymc/Bchp   |               |       |                     |              | iPad Program | 1   |
| 10/29/2019 | 21777 | University Medical Center                             | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21778 | Jersey Shore MC Childrens Hospital of Orange          | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21779 | County  | Orange        | CA    |                     |              | iPad Program | 1   |
| 10/29/2019 | 21780 | Cincinnati Children's Hospital                        | Cincinnati    | OH    |                     |              | iPad Program | 1   |

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| Date       | Num   | Name                                | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-------------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 10/29/2019 | 21781 | Childrens Hospital of Orange County | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/04/2019 | 21812 | Childrens Hospital of Orange County | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/04/2019 | 21813 | montana children's                  | Kalispell     | MT    |                     |              | iPad Program | 1   |
| 11/04/2019 | 21814 | Jersey Shore MC                     | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 11/04/2019 | 21815 | Beaumont Hospital                   | Royal Oak     | MI    |                     |              | iPad Program | 5   |
| 12/04/2019 | 21853 | Kids Cancer Foundation              | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21854 | Kids Cancer Foundation              | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21855 | Kids Cancer Foundation              | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21856 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21857 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21858 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21859 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21860 | Hasbro Children's Hospital          | Providence    | RI    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21861 | Loma Linda Univ. Hosp.              | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21862 | St. Jude Midwest Affiliate          | Peoria        | IL    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21863 | Jersey Shore MC                     | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21864 | Florida Childrens Hospital          | Orlando       | FL    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21865 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21866 | Rady Children's Hospital            | san diego     | CA    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21867 | Texas Children's Hospital           | Houston       | TX    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21868 | Hurley Medical Center               | Flint         | MI    |                     |              | iPad Program | 1   |
| 12/04/2019 | 21869 | Kaiser Permanente Los Angeles       | Los Angeles   | CA    |                     |              | iPad Program | 5   |

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| Date       | Num   | Name                                      | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|---------------|-------|---------------------|--------------|--------------|-----|
| 12/04/2019 | 21870 | UMass Memorial Children's                 | Worcester     | MA    |                     |              | iPad Program | 10  |
| 12/04/2019 | 21871 | John Stroger Hospital                     | Chicago       | IL    |                     |              | iPad Program | 5   |
| 12/04/2019 | 21872 | Comer Children's Hospital                 | Chicago       | IL    |                     |              | iPad Program | 5   |
| 12/04/2019 | 21873 | Beaumont Hospital                         | Royal Oak     | MI    |                     |              | iPad Program | 5   |
| 12/04/2019 | 21874 | Maimonides of Brooklyn                    | Brooklyn      | NY    |                     |              | iPad Program | 10  |
| 12/09/2019 | 21879 | MUSC Children's Hospital                  | Charleston    | SC    |                     |              | iPad Program | 1   |
| 12/09/2019 | 21880 | Texas Children's Hospital                 | Houston       | TX    |                     |              | iPad Program | 1   |
| 12/09/2019 | 21881 | Morristown Memorial Hospital              | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 12/09/2019 | 21882 | Comer Children's Hospital                 | Chicago       | IL    |                     |              | iPad Program | 1   |
| 12/09/2019 | 21883 | Florida Childrens Hospital                | Orlando       | FL    |                     |              | iPad Program | 1   |
| 12/13/2019 | 21884 | Childrens Hospital of Orange County       | Orange        | CA    |                     |              | iPad Program | 1   |
| 12/13/2019 | 21885 | Rainbow Babies                            | Cleveland     | OH    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21926 | Penn State Milton S. Hersey Medical Cente | Hersey        | PA    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21927 | Childrens National M.C.                   | Washington    | DC    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21928 | University Medical Center                 | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21929 | Texas Children's Hospital                 | Houston       | TX    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21930 | Golisano Childrens Hospital of SW Florida | Fort Meyers   | FL    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21931 | Kids Cancer Foundation                    | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21932 | Kids Cancer Foundation                    | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21933 | Kids Cancer Foundation                    | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21934 | Loma Linda Univ. Hosp.                    | San Bernadino | CA    |                     |              | iPad Program | 1   |

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| Date       | Num   | Name                                      | City                 | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|----------------------|-------|---------------------|--------------|--------------|-----|
| 02/28/2020 | 21935 | Childrens Hospital of San Antonio         | San Antonio          | TX    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21936 | Morristown Memorial Hospital              | Morristown           | NJ    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21938 | Childrens Hospital of Orange County       | Orange               | CA    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21939 | University Medical Center                 | Tucson               | AZ    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21940 | Jersey Shore MC                           | Neptune              | NJ    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21941 | Loma Linda Univ. Hosp.                    | San Bernadino        | CA    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21942 | Florida Childrens Hospital                | Orlando              | FL    |                     |              | iPad Program | 1   |
| 02/28/2020 | 21943 | Children's Hospital @ Sinai               | Baltimore            | MD    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21952 | Childrens Hospital of Philly              | Philadelphia         | PA    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21953 | Hurley Medical Center                     | Flint                | MI    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21954 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322    |       |                     |              | iPad Program | 1   |
| 03/27/2020 | 21955 | University Medical Center                 | Tucson               | AZ    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21956 | Jersey Shore MC                           | Neptune              | NJ    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21959 | Oschner Clinic Foundation                 | New Orleans          | LA    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21960 | Childrens Hospital of Orange County       | Orange               | CA    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21961 | Childrens Hospital of Orange County       | Orange               | CA    |                     |              | iPad Program | 1   |
| 03/27/2020 | 21962 | Childrens Hospital of Orange County       | Orange               | CA    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21944 | Michigan State University                 | Lansing              | MI    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21945 | Sanfor Childrens Hospital - California    | Sanfor Childrens Hos | CA    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21946 | Hasbro Children's Hospital                | Providence           | RI    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21947 | Jersey Shore MC                           | Neptune              | NJ    |                     |              | iPad Program | 1   |

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|------------|-------|--------------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 04/29/2020 | 21948 | Childrens Hospital of Orange County  | Orange        | CA    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21949 | Hackensack M.C.                      | Hackensack    | NJ    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21950 | Hackensack M.C.                      | Hackensack    | NJ    |                     |              | iPad Program | 1   |
| 04/29/2020 | 21951 | Hackensack M.C.                      | Hackensack    | NJ    |                     |              | iPad Program | 1   |
| 05/07/2020 | 21957 | Kids Cancer Foundation               | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 05/07/2020 | 21958 | Loma Linda Univ. Hosp.               | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22048 | Loma Linda Univ. Hosp.               | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22049 | Loma Linda Univ. Hosp.               | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22050 | University Medical Center            | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22051 | Childrens Hospital of Orange County  | Orange        | CA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22052 | Morristown Memorial Hospital         | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22053 | Florida Childrens Hospital           | Orlando       | FL    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22054 | University Medical Center            | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22055 | Stanford Children's Health           | San Francisco | CA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22056 | Mass General                         | Boston        | MA    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22057 | Kids Cancer Foundation               | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22058 | Morristown Memorial Hospital         | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 05/15/2020 | 22059 | Children's Hospital & Medical Center | Omaha         | NE    |                     |              | iPad Program | 1   |
| 06/02/2020 | 22076 | Mary Bridge Childrens Hospital       | Tacoma        | WA    |                     |              | iPad Program | 1   |
| 06/02/2020 | 22077 | Florida Childrens Hospital           | Orlando       | FL    |                     |              | iPad Program | 1   |
| 06/12/2020 | 22080 | Morristown Memorial Hospital         | Morristown    | NJ    |                     |              | iPad Program | 6   |

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|------------|-------|---|-------------------|-------|---------------------|--------------|--------------|-----|
| 06/12/2020 | 22081 | Nemours Childrens Clinic                                | Jacksonville      | FL    |                     |              | iPad Program | 10  |
| 06/12/2020 | 22082 | Hackensack M.C.   | Hackensack        | NJ    |                     |              | iPad Program | 5   |
| 06/12/2020 | 22083 | Children's Healthcare of Atlanta/Egleston               | Atlanta, GA.30322 |       |                     |              | iPad Program | 1   |
| 06/12/2020 | 22084 | Florida Childrens Hospital                              | Orlando           | FL    |                     |              | iPad Program | 1   |
| 07/22/2020 | 22240 | Wolfson Children's Hospital                             | Jacksonville      | FL    |                     |              | iPad Program | 100 |
| 07/22/2020 | 22582 | Hackensack M.C.   | Hackensack        | NJ    |                     |              | iPad Program | 100 |
| 07/31/2020 | 22229 | Helen DeVos Childrens Hospital                          | Grand Rapids      | MI    |                     |              | iPad Program | 5   |
| 08/05/2020 | 22228 | CS Motts Childrens Hospital                             | Ann Arbor         | MI    |                     |              | iPad Program | 5   |
| 08/06/2020 | 22150 | Loma Linda Univ. Hosp.                                  | San Bernadino     | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22151 | Stanford Children's Health                              | San Francisco     | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22152 | University Medical Center                               | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22153 | Loma Linda Univ. Hosp.                                  | San Bernadino     | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22154 | Loma Linda Univ. Hosp.                                  | San Bernadino     | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22155 | University Medical Center                               | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22156 | Prisma Health - Columbia Mary Bridge Childrens Hospital | Columbia          | SC    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22157 | Hospital  | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22158 | Childrens Hospital of LA                                | Los Angeles       | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22159 | University Medical Center                               | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22160 | Loma Linda Univ. Hosp.                                  | San Bernadino     | CA    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22161 | Helen DeVos Childrens Hospital                          | Grand Rapids      | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22162 | Helen DeVos Childrens Hospital                          | Grand Rapids      | MI    |                     |              | iPad Program | 1   |

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|------------|-------|---|---------------|-------|---------------------|--------------|--------------|-----|
| 08/06/2020 | 22163 | Helen DeVos Childrens Hospital            | Grand Rapids  | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22164 | Helen DeVos Childrens Hospital            | Grand Rapids  | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22165 | Helen DeVos Childrens Hospital            | Grand Rapids  | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22166 | CS Motts Childrens Hospital               | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22167 | CS Motts Childrens Hospital               | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22168 | CS Motts Childrens Hospital               | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22169 | CS Motts Childrens Hospital               | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 08/06/2020 | 22170 | CS Motts Childrens Hospital               | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 08/11/2020 | 22221 | Children's Hospital @ Sinai               | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 08/11/2020 | 22222 | Loma Linda Univ. Hosp.                    | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 08/11/2020 | 22223 | University Medical Center                 | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 08/11/2020 | 22224 | Childrens Hospital of the Kings Daughters | Norfolk       | VA    |                     |              | iPad Program | 1   |
| 08/11/2020 | 22225 | University Medical Center                 | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22230 | Stanford Children's Health                | San Francisco | CA    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22231 | Kids Cancer Foundation                    | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22232 | Children's Hospital @ Sinai               | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22233 | Wolfson Children's Hospital               | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22234 | Children's Hospital @ Sinai               | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22235 | Florida Childrens Hospital                | Orlando       | FL    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22236 | Childrens Hospital of Philly              | Philadelphia  | PA    |                     |              | iPad Program | 1   |

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|------------|-------|--|------------------------|-------|---------------------|--------------|--------------|-----|
| 09/28/2020 | 22237 | Childrens Hospital of Philly                                   | Philadelphia           | PA    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22238 | St. Jude Midwest Affiliate                                     | Peoria                 | IL    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22239 | Wolfson Children's Hospital                                    | Jacksonville           | FL    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22241 | Hackensack M.C.  | Hackensack             | NJ    |                     |              | iPad Program | 2   |
| 09/28/2020 | 22242 | Ventura Country Medical Center - VCMC                          | Ventura                | CA    |                     |              | iPad Program | 50  |
| 09/28/2020 | 22243 | Golisano Childrens Hospital of SW Florida                      | Fort Meyers            | FL    |                     |              | iPad Program | 50  |
| 09/28/2020 | 22244 | Miller Children's Hospital - Elm Ave.                          | Long Beach             | CA    |                     |              | iPad Program | 50  |
| 09/28/2020 | 22245 | Helen DeVos Childrens Hospital                                 | Grand Rapids           | MI    |                     |              | iPad Program | 5   |
| 09/28/2020 | 22246 | CS Motts Childrens Hospital                                    | Ann Arbor              | MI    |                     |              | iPad Program | 5   |
| 09/28/2020 | 22247 | Childrens Hospital of Orange County                            | Orange                 | CA    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22248 | Jersey Shore MC  | Neptune                | NJ    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22249 | Hasbro Children's Hospital                                     | Providence             | RI    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22250 | Sanfor Childrens Hospital - California                         | Sanfor Childrens Hospi | CA    |                     |              | iPad Program | 1   |
| 09/28/2020 | 22251 | Michigan State University                                      | Lansing                | MI    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22299 | Hackensack M.C.  | Hackensack             | NJ    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22300 | Mary Bridge Childrens Hospital                                 | Tacoma                 | WA    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22301 | Florida Childrens Hospital                                     | Orlando                | FL    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22302 | Texas Children's Hospital                                      | Houston                | TX    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22303 | University Medical Center Children's Hospital & Medical Center | Tucson                 | AZ    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22304 | Center   | Omaha                  | NE    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22305 | Texas Children's Hospital                                      | Houston                | TX    |                     |              | iPad Program | 1   |

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|------------|-------|---|---------------|-------|---------------------|--------------|--------------|-----|
| 10/16/2020 | 22306 | Hasbro Children's Hospital                | Providence    | RI    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22307 | Sanford Children's                        | Soiux Falls   | SD    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22308 | Stanford Children's Health                | San Francisco | CA    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22309 | The Children's Hospital at Sinai          | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22310 | Wolfson Children's Hospital               | Jacksonville  | FL    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22311 | Childrens Hospital University of Illinois | Chicago       | IL    |                     |              | iPad Program | 100 |
| 10/16/2020 | 22312 | John Stroger Hospital                     | Chicago       | IL    |                     |              | iPad Program | 10  |
| 10/16/2020 | 22313 | Nationwide Children's Hospital            | Columbus      | OH    |                     |              | iPad Program | 10  |
| 10/16/2020 | 22314 | Hershey Medical Center                    | Hershey       | PA    |                     |              | iPad Program | 20  |
| 10/16/2020 | 22315 | Children's Hospital of Pittsburgh         | Pittsburgh    | PA    |                     |              | iPad Program | 100 |
| 10/16/2020 | 22316 | Cincinnati Children's Hospital            | Cincinnati    | OH    |                     |              | iPad Program | 100 |
| 10/16/2020 | 22317 | Beaumont Hospital                         | Royal Oak     | MI    |                     |              | iPad Program | 100 |
| 10/16/2020 | 22318 | UMass Memorial Children's                 | Worcester     | MA    |                     |              | iPad Program | 15  |
| 10/16/2020 | 22319 | Mercy Children's Hospital                 | Toledo        | OH    |                     |              | iPad Program | 10  |
| 10/16/2020 | 22322 | Children's Hospital @ Sinai               | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22323 | Loma Linda Univ. Hosp.                    | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22324 | Jersey Shore MC                           | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 10/16/2020 | 22325 | Upstate Golisano Childrens Hospital       | Syracuse      | NY    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22359 | Children's Hospital @ Sinai               | Baltimore     | MD    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22360 | UCSF Benioff Childrens Hospital           | San Francisco | CA    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22361 | Jersey Shore MC                           | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22362 | Childrens Hospital of Orange County       | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22363 | Newark Beth Israel Medical Center         | Newark        | NJ    |                     |              | iPad Program | 1   |

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|------------|-------|---|-------------------|-------|---------------------|--------------|--------------|-----|
| 11/16/2020 | 22364 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22365 | Duke Medical Center                       | Durham            | NC    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22366 | Wolfson Children's Hospital               | Jacksonville      | FL    |                     |              | iPad Program | 50  |
| 11/16/2020 | 22367 | Rady Children's Hospital                  | san diego         | CA    |                     |              | iPad Program | 5   |
| 11/16/2020 | 22369 | MUSC Children's Hospital                  | Charleston        | SC    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22370 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22371 | Jackson Hospital                          | Marianna          | FL    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22372 | Children's Healthcare of Atlanta/Egleston | Atlanta, GA.30322 |       |                     |              | iPad Program | 1   |
| 11/16/2020 | 22373 | Stanford Children's Health                | San Francisco     | CA    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22374 | Jersey Shore MC                           | Neptune           | NJ    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22376 | Jersey Shore MC                           | Neptune           | NJ    |                     |              | iPad Program | 1   |
| 11/16/2020 | 22378 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22435 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22436 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22437 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22438 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22439 | Lucile Packard Children's Hospital        | Palo Alto         | CA    |                     |              | iPad Program | 1   |
| 01/27/2021 | 22442 | Kids Cancer Foundation                    | Palm Beach        | FL    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22462 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22463 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22464 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22465 | Wisconsin Children's Hospital             | 9000 W.           | WI    |                     |              | iPad Program | 1   |

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|------------|-------|---|--------------|-------|---------------------|--------------|--------------|-----|
| 02/05/2021 | 22466 | Kids Cancer Foundation<br>Loma Linda Childrens        | Palm Beach   | FL    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22467 | Hospital  | Loma Linda.  | CA    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22468 | East tn Children's Hosp<br>Mary Bridge Childrens      | Knoxville    | TN    |                     |              | iPad Program | 1   |
| 02/05/2021 | 22469 | Hospital  | Tacoma       | WA    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22478 | St. Jude Research Hospital<br>Morristown Memorial     | memphis      | TN    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22479 | Hospital  | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22480 | Florida Childrens Hospital                            | Orlando      | FL    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22481 | University Medical Center                             | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22482 | Duke Medical Center                                   | Durham       | NC    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22483 | Duke Medical Center<br>Morristown Memorial            | Durham       | NC    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22484 | Hospital  | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22486 | Mary Bridge Childrens<br>Hospital                     | Tacoma       | WA    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22487 | Mary Bridge Childrens<br>Hospital                     | Tacoma       | WA    |                     |              | iPad Program | 1   |
| 03/29/2021 | 22488 | Wolfson Children's Hospital<br>Morristown Memorial    | Jacksonville | FL    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22543 | Hospital  | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22544 | University Medical Center<br>St. Jude Affiliate Mercy | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22546 | Children's  | Springfield  | MO    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22547 | St. Jude Midwest Affiliate                            | Peoria       | IL    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22548 | Hasbro Children's Hospital<br>Childrens Hospital of   | Providence   | RI    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22549 | Wisconsin   | Milwaukee    | WI    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22550 | seattle childrens hospital                            | Seattle      | WA    |                     |              | iPad Program | 1   |

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|------------|-------|-----------------------------------|--------------|-------|---------------------|--------------|--------------|-----|
| 04/28/2021 | 22551 | Peyton Manning Childrens Hospital | Indianapolis | IN    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22552 | Duke Medical Center               | Durham       | NC    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22553 | Duke Medical Center               | Durham       | NC    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22554 | Morristown Memorial Hospital      | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22555 | Morristown Memorial Hospital      | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22556 | Morristown Memorial Hospital      | Morristown   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22557 | University Medical Center         | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22558 | University Medical Center         | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22559 | University Medical Center         | Tucson       | AZ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22560 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22561 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22562 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22563 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22564 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22565 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22566 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22567 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22568 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22569 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22570 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22571 | Hackensack M.C.                   | Hackensack   | NJ    |                     |              | iPad Program | 1   |

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| 04/28/2021 | 22572 | Hackensack M.C.                   | Hackensack         | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22573 | Hackensack M.C.                   | Hackensack         | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22574 | Hackensack M.C.                   | Hackensack         | NJ    |                     |              | iPad Program | 1   |
| 04/28/2021 | 22575 | Nemours Childrens Clinic          | Jacksonville       | FL    |                     |              | iPad Program | 5   |
| 04/28/2021 | 22576 | Newark Beth Israel Medical Center | Newark             | NJ    |                     |              | iPad Program | 7   |
| 04/28/2021 | 22577 | Hurley Medical Center             | Flint              | MI    |                     |              | iPad Program | 5   |
| 04/28/2021 | 22579 | Beaumont Hospital                 | Royal Oak          | MI    |                     |              | iPad Program | 5   |
| 05/19/2021 | 22623 | Loma Linda Univ. Hosp.            | San Bernadino      | CA    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22624 | Loma Linda Univ. Hosp.            | San Bernadino      | CA    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22625 | Loma Linda Univ. Hosp.            | San Bernadino      | CA    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22626 | Brooke Army Medical Center        | JBSA Fort Sam Hous | TX    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22627 | Morristown Memorial Hospital      | Morristown         | NJ    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22629 | Jersey Shore MC                   | Neptune            | NJ    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22630 | The Children's Hospital at Sinai  | Baltimore          | MD    |                     |              | iPad Program | 1   |
| 05/19/2021 | 22631 | Advocate Hope Children's Hospital | Oak Lawn           | IL    |                     |              | iPad Program | 1   |
| 06/02/2021 | 22660 | University Medical Center         | Tucson             | AZ    |                     |              | iPad Program | 1   |
| 06/02/2021 | 22661 | Childrens Hospital of San Antonio | San Antonio        | TX    |                     |              | iPad Program | 1   |
| 06/02/2021 | 22662 | University Medical Center         | Tucson             | AZ    |                     |              | iPad Program | 1   |
| 06/02/2021 | 22663 | Lurie Children's Hospital         | Chicago            | IL    |                     |              | iPad Program | 1   |
| 06/02/2021 | 22664 | Kids Cancer Foundation            | Palm Beach         | FL    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22687 | University Medical Center         | Tucson             | AZ    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22688 | Morristown Memorial Hospital      | Morristown         | NJ    |                     |              | iPad Program | 1   |

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|------------|-------|---------------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 06/11/2021 | 22689 | Morristown Memorial Hospital          | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22690 | University Medical Center             | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22691 | Cincinnati Children's Hospital        | Cincinnati    | OH    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22692 | Kids Cancer Foundation                | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 06/11/2021 | 22693 | Florida Childrens Hospital            | Orlando       | FL    |                     |              | iPad Program | 1   |
| 06/18/2021 | 22694 | UCSF Benioff Oakland                  | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22440 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22441 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22485 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22489 | Kaiser Permanente Anaheim             | Anaheim       | CA    |                     |              | iPad Program | 3   |
| 06/29/2021 | 22538 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22539 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22540 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22541 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22542 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22628 | Childrens Hospital of LA              | Los Angeles   | CA    |                     |              | iPad Program | 1   |
| 06/29/2021 | 22724 | Childrens Hospital of LA              | Los Angeles   | CA    |                     |              | iPad Program | 22  |
| 06/29/2021 | 22929 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 10  |
| 07/13/2021 | 22578 | Miller Children's Hospital - Elm Ave. | Long Beach    | CA    |                     |              | iPad Program | 5   |
| 07/19/2021 | 22697 | Advocate Childrens Hospital           | Park Ridge    | IL    |                     |              | iPad Program | 1   |
| 07/19/2021 | 22698 | Loma Linda Univ. Hosp.                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 07/19/2021 | 22699 | Cincinnati Children's Hospital        | Cincinnati    | OH    |                     |              | iPad Program | 1   |

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| 07/20/2021 | 22700 | Loma Linda Univ. Hosp.                                  | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22701 | Duke Medical Center                                     | Durham        | NC    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22702 | Kids Cancer Foundation                                  | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22703 | St. Louis Children's Hospital                           | St. Louis     | MO    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22704 | Duke Medical Center                                     | Durham        | NC    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22705 | Florida Childrens Hospital                              | Orlando       | FL    |                     |              | iPad Program | 1   |
| 07/20/2021 | 22706 | Duke Medical Center                                     | Durham        | NC    |                     |              | iPad Program | 1   |
| 07/28/2021 | 22709 | Morristown Memorial Hospital                            | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 07/28/2021 | 22710 | Loma Linda Univ. Hosp. Childrens Hospital of Orange     | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22711 | County Morristown Memorial Hospital                     | Orange        | CA    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22712 | Hospital Morristown Memorial                            | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22713 | Hospital  | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22714 | Loma Linda Univ. Hosp.                                  | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22715 | University Medical Center Childrens Hospital of         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22716 | Oklahoma Universit                                      | Oklahoma City | OK    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22717 | Sanford Children's                                      | Soiux Falls   | SD    |                     |              | iPad Program | 1   |
| 08/03/2021 | 22725 | LAC & USC Medical Ctr                                   | Los Angeles   | CA    |                     |              | iPad Program | 20  |
| 08/03/2021 | 22726 | Mattel Children's Hospital Childrens Hospital of Orange | Los Angeles   | CA    |                     |              | iPad Program | 20  |
| 08/03/2021 | 22727 | County Childrens Hospital of Orange                     | Orange        | CA    |                     |              | iPad Program | 10  |
| 08/10/2021 | 22718 | County OSF - St. Jude Midwest                           | Orange        | CA    |                     |              | iPad Program | 1   |
| 08/10/2021 | 22719 | Affiliate   | Peoria        | IL    |                     |              | iPad Program | 1   |
| 08/17/2021 | 22720 | Kaiser Permante Anaheim                                 | Anaheim       | CA    |                     |              | iPad Program | 1   |

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| 08/17/2021 | 22721 | University Medical Center       | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 08/17/2021 | 22722 | University Medical Center       | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 08/17/2021 | 22723 | Duke Medical Center             | Durham          | NC    |                     |              | iPad Program | 1   |
| 08/17/2021 | 22784 | University Medical Center       | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 08/19/2021 | 22769 | City of Hope                    | Duarte          | CA    |                     |              | iPad Program | 20  |
| 08/31/2021 | 22781 | Maimonides of Brooklyn          | Brooklyn        | NY    |                     |              | iPad Program | 1   |
| 08/31/2021 | 22782 | Stanford Children's Health      | San Francisco   | CA    |                     |              | iPad Program | 1   |
| 08/31/2021 | 22783 | University Medical Center       | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 09/17/2021 | 22777 | Morristown Memorial Hospital    | Morristown      | NJ    |                     |              | iPad Program | 1   |
| 09/17/2021 | 22778 | Jersey Shore MC                 | Neptune         | NJ    |                     |              | iPad Program | 1   |
| 09/17/2021 | 22779 | Childrens Hospital of Wisconsin | Milwaukee       | WI    |                     |              | iPad Program | 1   |
| 09/17/2021 | 22780 | Texas Children's Hospital       | Houston         | TX    |                     |              | iPad Program | 1   |
| 09/21/2021 | 22775 | Stanford Children's Health      | San Francisco   | CA    |                     |              | iPad Program | 1   |
| 09/21/2021 | 22776 | University Medical Center       | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 09/24/2021 | 22773 | Cedar Sinai Medical Ctr         | Los Angeles     | CA    |                     |              | iPad Program | 20  |
| 09/28/2021 | 22774 | Childrens Hospital of Wisconsin | Milwaukee       | WI    |                     |              | iPad Program | 1   |
| 10/14/2021 | 23143 | Kids Cancer Foundation          | West Palm Beach | FL    |                     |              | iPad Program | 50  |
| 10/14/2021 | 23144 | Nationwide Children's Hospital  | Columbus        | OH    |                     |              | iPad Program | 50  |
| 10/14/2021 | 23141 | Mercy Children's Hospital       | Toledo          | OH    |                     |              | iPad Program | 50  |
| 10/29/2021 | 22815 | CS Motts Childrens Hospital     | Ann Arbor       | MI    |                     |              | iPad Program | 1   |
| 10/29/2021 | 22816 | St. Louis Children's Hospital   | St. Louis       | MO    |                     |              | iPad Program | 1   |
| 10/29/2021 | 22817 | Mary Bridge Childrens Hospital  | Tacoma          | WA    |                     |              | iPad Program | 1   |

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| 10/29/2021 | 22818 | Kaiser Permanente Oakland             | Oakland       | CA    |                     |              | iPad Program | 1   |
| 10/29/2021 | 22819 | Sanford Health - Fargo                | Fargo         | ND    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22820 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22821 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22822 | Randall Childrens Hospital            | Portland      | OR    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22823 | Loma Linda Univ. Hosp.                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22824 | Loma Linda Univ. Hosp.                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22825 | Loma Linda Univ. Hosp.                | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22826 | Maimonides of Brooklyn                | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22827 | Maimonides of Brooklyn                | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22828 | Morristown Memorial Hospital          | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22829 | Morristown Memorial Hospital          | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 11/05/2021 | 22830 | Children's Hospital of Montefiore     | Bronx         | NY    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22874 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 20  |
| 11/19/2021 | 22875 | Miller Children's Hospital - Elm Ave. | Long Beach    | CA    |                     |              | iPad Program | 15  |
| 11/19/2021 | 22877 | Jersey Shore MC USA Children's and    | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22878 | Women's Hospital                      | Mobile        | AL    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22879 | Duke Medical Center                   | Durham        | NC    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22880 | Childrens Hospital of Orange County   | Orange        | CA    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22881 | University Medical Center             | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22882 | Stanford Children's Health            | San Francisco | CA    |                     |              | iPad Program | 1   |
| 11/19/2021 | 22883 | University Medical Center             | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 12/03/2021 | 22873 | Kaiser Permante san diego             | san diego     | CA    |                     |              | iPad Program | 20  |

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| 12/03/2021 | 22884 | Advocate Hope Children's Hospital              | Oak Lawn    | IL    |                     |              | iPad Program | 1   |
| 12/07/2021 | 22876 | Jersey Shore MC Mary Bridge Childrens Hospital | Neptune     | NJ    |                     |              | iPad Program | 1   |
| 12/10/2021 | 22889 | Hospital                                       | Tacoma      | WA    |                     |              | iPad Program | 1   |
| 12/10/2021 | 22890 | Childrens Mercy Hospital                       | Kansas City | MO    |                     |              | iPad Program | 1   |
| 12/10/2021 | 22891 | Lucile Packard Children's Hospital             | Palo Alto   | CA    |                     |              | iPad Program | 1   |
| 12/10/2021 | 22892 | Mary Bridge Childrens Hospital                 | Tacoma      | WA    |                     |              | iPad Program | 1   |
| 12/10/2021 | 22893 | Kids Cancer Foundation                         | Palm Beach  | FL    |                     |              | iPad Program | 1   |
| 01/12/2022 | 22712 | University Medical Center                      | Tucson      | AZ    |                     |              | iPad Program | 1   |
| 01/12/2022 | 22713 | Childrens Hospital of Wisconsin                | Milwaukee   | WI    |                     |              | iPad Program | 1   |
| 01/12/2022 | 22714 | Cincinnati Children's Hospital                 | Cincinnati  | OH    |                     |              | iPad Program | 1   |
| 01/12/2022 | 22715 | Lucile Packard Children's Hospital             | Palo Alto   | CA    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22721 | Kaiser Permanente Oakland                      | Oakland     | CA    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22722 | Kaiser Permanente Oakland                      | Oakland     | CA    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22723 | USA Children's and Women's Hospital            | Mobile      | AL    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22724 | Kaiser Permanente Oakland                      | Oakland     | CA    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22725 | Duke Medical Center                            | Durham      | NC    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22726 | Duke Medical Center                            | Durham      | NC    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22727 | Childrens Hospital of Omaha                    | Omaha       | NE    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22728 | University of New Mexico                       | Albuquerque | NM    |                     |              | iPad Program | 1   |
| 02/10/2022 | 22729 | Kaiser Permanente Oakland                      | Oakland     | CA    |                     |              | iPad Program | 1   |

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|------------|-------|-------------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 02/10/2022 | 22730 | Lurie Children's Hospital           | Chicago       | IL    |                     |              | iPad Program | 1   |
| 02/11/2022 | 22757 | The Valerie Fund Center             | Voorhees      | NJ    |                     |              | iPad Program | 1   |
| 02/11/2022 | 22758 | Childrens Hospital of Wisconsin     | Milwaukee     | WI    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22774 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22775 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22776 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22777 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22778 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22779 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22780 | Duke Medical Center                 | Durham        | NC    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22781 | Duke Medical Center                 | Durham        | NC    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22782 | Childrens Hospital of Orange County | Orange        | CA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22783 | Morristown Memorial Hospital        | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22784 | Mary Bridge Childrens Hospital      | Tacoma        | WA    |                     |              | iPad Program | 1   |
| 02/15/2022 | 22785 | Loma Linda Univ. Hosp.              | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 02/25/2022 | 22790 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 02/25/2022 | 22791 | Duke Medical Center                 | Durham        | NC    |                     |              | iPad Program | 1   |
| 02/25/2022 | 22792 | Morristown Memorial Hospital        | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 02/25/2022 | 22793 | Jersey Shore MC                     | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22796 | St. Peter's University Hospital     | New Brunswick | NJ    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22797 | Maimonides of Brooklyn              | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22798 | Maimonides of Brooklyn              | Brooklyn      | NY    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-------------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 03/29/2022 | 22799 | Maimonides of Brooklyn              | Brooklyn      | NY    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22800 | Loma Linda Univ. Hosp.              | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22801 | Loma Linda Univ. Hosp.              | San Bernadino | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22802 | Shands Health Care                  | Gainesville   | FL    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22803 | Kids Cancer Foundation              | Palm Beach    | FL    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22804 | USA Children's and Women's Hospital | Mobile        | AL    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22805 | Childrens Hospital of Orange County | Orange        | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22806 | Childrens Hospital of Orange County | Orange        | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22807 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22808 | Morristown Memorial Hospital        | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22809 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22810 | Kaiser Permante Roseville           | Roseville     | CA    |                     |              | iPad Program | 1   |
| 03/29/2022 | 22811 | Jersey Shore MC                     | Neptune       | NJ    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22901 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22902 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22903 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22904 | University Medical Center           | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22905 | University of New Mexico            | Albuquerque   | NM    |                     |              | iPad Program | 1   |
| 04/14/2022 | 22906 | St. Jude Tri-Cities Affiliate       | Johnson City  | TN    |                     |              | iPad Program | 1   |
| 04/15/2022 | 22926 | Mattel Children's Hospital          | Los Angeles   | CA    |                     |              | iPad Program | 20  |
| 04/15/2022 | 22927 | Childrens Hospital of LA            | Los Angeles   | CA    |                     |              | iPad Program | 20  |
| 04/22/2022 | 22879 | Kaiser Permanente Oakland           | Oakland       | CA    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                | City        | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-------------------------------------|-------------|-------|---------------------|--------------|--------------|-----|
| 04/22/2022 | 22880 | Kaiser Permanente Oakland           | Oakland     | CA    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22881 | University Medical Center           | Tucson      | AZ    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22882 | Kaiser Permanente Oakland           | Oakland     | CA    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22883 | University of New Mexico            | Albuquerque | NM    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22884 | USA Children's and Women's Hospital | Mobile      | AL    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22885 | Newark Beth Israel Medical Center   | Newark      | NJ    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22886 | USA Children's and Women's Hospital | Mobile      | AL    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22887 | Lurie Children's Hospital           | Chicago     | IL    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22888 | Childrens Hospital of Orange County | Orange      | CA    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22889 | Children's Health Plano             | Plano       | TX    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22890 | Kaiser Permanente Oakland           | Oakland     | CA    |                     |              | iPad Program | 1   |
| 04/22/2022 | 22891 | Mary Bridge Childrens Hospital      | Tacoma      | WA    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22892 | Ronald Regan UCLA Medical Center    |             |       |                     |              | iPad Program | 1   |
| 04/29/2022 | 22893 | Childrens Hospital of LA            | Los Angeles | CA    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22894 | Monroe Carell at Vanderbilt         | Nashville   | TN    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22895 | Jersey Shore MC                     | Neptune     | NJ    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22896 | Kaiser Permanente Oakland           | Oakland     | CA    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22897 | University Medical Center           | Tucson      | AZ    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22898 | Hurley Medical Center               | Flint       | MI    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22899 | Childrens Hospital of Orange County | Orange      | CA    |                     |              | iPad Program | 1   |
| 04/29/2022 | 22900 | Morristown Memorial Hospital        | Morristown  | NJ    |                     |              | iPad Program | 1   |
| 05/03/2022 | 22921 | Maimonides of Brooklyn              | Brooklyn    | NY    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                                      | City              | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|---|-------------------|-------|---------------------|--------------|--------------|-----|
| 05/03/2022 | 22922 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 05/03/2022 | 22923 | CS Motts Childrens Hospital               | Ann Arbor         | MI    |                     |              | iPad Program | 1   |
| 05/03/2022 | 22924 | Loma Linda Univ. Hosp.                    | San Bernadino     | CA    |                     |              | iPad Program | 1   |
| 05/03/2022 | 22925 | Children's Healthcare of Atlanta/Egleston | Atlanta, GA.30322 |       |                     |              | iPad Program | 1   |
| 05/03/2022 | 22928 | Cedar Sinai Medical Ctr                   | Los Angeles       | CA    |                     |              | iPad Program | 20  |
| 05/12/2022 | 22919 | Kaiser Permanente Oakland                 | Oakland           | CA    |                     |              | iPad Program | 1   |
| 05/12/2022 | 22920 | Kaiser Permanente Oakland                 | Oakland           | CA    |                     |              | iPad Program | 1   |
| 05/20/2022 | 23081 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 20  |
| 05/20/2022 | 23082 | City of Hope                              | Duarte            | CA    |                     |              | iPad Program | 10  |
| 05/20/2022 | 23083 | Cedar Sinai Medical Ctr                   | Los Angeles       | CA    |                     |              | iPad Program | 10  |
| 05/20/2022 | 23084 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 5   |
| 05/23/2022 | 22976 | Kaiser Permanente Oakland                 | Oakland           | CA    |                     |              | iPad Program | 1   |
| 05/23/2022 | 22977 | Jersey Shore MC                           | Neptune           | NJ    |                     |              | iPad Program | 1   |
| 05/23/2022 | 22978 | University Medical Center                 | Tucson            | AZ    |                     |              | iPad Program | 1   |
| 05/23/2022 | 22979 | Newark Beth Israel Medical Center         | Newark            | NJ    |                     |              | iPad Program | 1   |
| 05/23/2022 | 22980 | Newark Beth Israel Medical Center         | Newark            | NJ    |                     |              | iPad Program | 1   |
| 05/25/2022 | 23056 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 05/25/2022 | 23057 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 05/25/2022 | 23058 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 05/25/2022 | 23059 | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22985 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22986 | University of New Mexico                  | Albuquerque       | NM    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | Num   | Name                              | City          | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|-----------------------------------|---------------|-------|---------------------|--------------|--------------|-----|
| 06/10/2022 | 22987 | Newark Beth Israel Medical Center | Newark        | NJ    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22988 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22989 | Duke Medical Center               | Durham        | NC    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22990 | Advocate Hope Children's Hospital | Oak Lawn      | IL    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22991 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22992 | Morristown Memorial Hospital      | Morristown    | NJ    |                     |              | iPad Program | 1   |
| 06/10/2022 | 22993 | Kaiser Permanente Oakland         | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22994 | University of New Mexico          | Albuquerque   | NM    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22995 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22996 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22997 | Kaiser Permanente Oakland         | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22998 | Kaiser Permanente Oakland         | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/17/2022 | 22999 | Kaiser Permante Anaheim           | Anaheim       | CA    |                     |              | iPad Program | 1   |
| 06/17/2022 | 23000 | Brenner Children's Hospital       | winston salem | NC    |                     |              | iPad Program | 1   |
| 06/17/2022 | 23001 | Hurley Medical Center             | Flint         | MI    |                     |              | iPad Program | 1   |
| 06/17/2022 | 23002 | CS Motts Childrens Hospital       | Ann Arbor     | MI    |                     |              | iPad Program | 1   |
| 06/23/2022 | 23060 | Kaiser Permanente Oakland         | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/23/2022 | 23061 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |
| 06/23/2022 | 23062 | Kaiser Permanente Oakland         | Oakland       | CA    |                     |              | iPad Program | 1   |
| 06/23/2022 | 23063 | Kaiser Permante Roseville         | Roseville     | CA    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23064 | University Medical Center         | Tucson        | AZ    |                     |              | iPad Program | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
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| Date       | Num   | Name   | City            | State | Health Professional | Child's Name | Item         | Qty |
|------------|-------|--|-----------------|-------|---------------------|--------------|--------------|-----|
| 07/14/2022 | 23065 | New York Presbyterian at Cornell                       | New York        | NY    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23066 | Jersey Shore MC  | Neptune         | NJ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23067 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23068 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23069 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23070 | University Medical Center                              | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23071 | Wisconsin Children's Hospital                          | 9000 W.         | WI    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23072 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23073 | MU womans and childrens Cancer Institute of New Jersey | Columbia        | MO    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23074 |  | Hopewell        | NJ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23075 | University Medical Center                              | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23076 | University Medical Center                              | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23077 | Arkansas Childrens Hospital                            | Little Rock     | AK    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23078 | Monroe Carell at Vanderbilt                            | Nashville       | TN    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23079 | Morristown Memorial Hospital                           | Morristown      | NJ    |                     |              | iPad Program | 1   |
| 07/14/2022 | 23080 | University Medical Center                              | Tucson          | AZ    |                     |              | iPad Program | 1   |
| 08/23/2022 | 23122 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 08/23/2022 | 23123 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 08/23/2022 | 23124 | Kaiser Permanente Oakland                              | Oakland         | CA    |                     |              | iPad Program | 1   |
| 08/23/2022 | 23125 | UVA Childrens Hospital                                 | Charlottesville | VA    |                     |              | iPad Program | 1   |
| 08/23/2022 | 23126 | Univ of New Mexico                                     | Albuquerque     | NM    |                     |              | iPad Program | 1   |

### CLF Program Services Transaction Detail By Account January 1, 2019 through August 24, 2022

| Date       | Num   | Name                         | City    | State | Health Professional | Child's Name | Item         | Qty         |
|------------|-------|------------------------------|---------|-------|---------------------|--------------|--------------|-------------|
| 08/23/2022 | 23127 | Jersey Shore MC              | Neptune | NJ    |                     |              | iPad Program | 1           |
|            |       | <b>Total Patients Served</b> |         |       |                     |              |              | <b>2191</b> |

# EXHIBIT 4

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City           | State | Social Worker | Qty |
|------------|---|----------------|-------|---------------|-----|
| 07/16/2019 | Wesley Medical Center                     | Wichita        | KS    |               | 18  |
| 07/16/2019 | John Hopkins Hospital                     | Baltimore      | MD    |               | 42  |
| 07/16/2019 | Lutheran Children's Hospital              | Fort Wayne     | IN    |               | 18  |
| 07/16/2019 | Presbyterian Hospital                     | Albuquerque    | NM    |               | 30  |
| 07/16/2019 | MUSC Children's Hospital                  | Charleston     | SC    |               | 48  |
| 07/16/2019 | MU womans and childrens                   | Columbia       | MO    |               | 24  |
| 07/16/2019 | University Medical Center                 | Tucson         | AZ    |               | 18  |
| 07/16/2019 | USA Children's and Women's Hospital       | Mobile         | AL    |               | 30  |
| 12/04/2019 | Michigan State University                 | Lansing        | MI    |               | 12  |
| 12/04/2019 | East tn Children's Hosp                   | Knoxville      | TN    |               | 12  |
| 12/04/2019 | Wesley Medical Center                     | Wichita        | KS    |               | 12  |
| 12/04/2019 | MUSC Children's Hospital                  | Charleston     | SC    |               | 12  |
| 05/23/2020 | Childrens Hospital of New Orleans         | New Orleans    | LA    |               | 12  |
| 05/23/2020 | Lutheran Children's Hospital              | Fort Wayne     | IN    |               | 12  |
| 05/23/2020 | USA Children's and Women's Hospital       | Mobile         | AL    |               | 12  |
| 05/23/2020 | MUSC Children's Hospital                  | Charleston     | SC    |               | 12  |
| 05/23/2020 | University Medical Center                 | Tucson         | AZ    |               | 18  |
| 06/02/2020 | Childrens Hospital of Orange County       | Orange         | CA    |               | 12  |
| 06/02/2020 | Cancer Institute of New Jersey            | Hopewell       | NJ    |               | 12  |
| 06/02/2020 | Carilion Childrens Hospital               | Roanoke        | VA    |               | 12  |
| 06/02/2020 | All Childrens Specialty Care of Tampa     | Tampa          | FL    |               | 12  |
| 06/02/2020 | Ventura Country Medical Center - VCMC     | Ventura        | CA    |               | 12  |
| 06/02/2020 | Presbyterian Hospital                     | Albuquerque    | NM    |               | 12  |
| 06/02/2020 | St. Jude Midwest Affiliate                | Peoria         | IL    |               | 12  |
| 06/02/2020 | Sanford Health                            | Fargo          | ND    |               | 12  |
| 06/02/2020 | Nationwide Children's Hospital            | Columbus       | OH    |               | 12  |
| 06/02/2020 | Conneticut Childrens MC                   | Hartford       | CT    |               | 12  |
| 06/02/2020 | East tn Children's Hosp                   | Knoxville      | TN    |               | 12  |
| 07/06/2020 | Brooke Army Medical Center                | JBSA Fort Sarr | TX    |               | 6   |
| 07/06/2020 | Childrens Hospital of LA                  | Los Angeles    | CA    |               | 12  |
| 07/06/2020 | Childrens Hospital of Orange County       | Orange         | CA    |               | 6   |
| 07/06/2020 | Childrens Hospital of San Antonio         | San Antonio    | TX    |               | 18  |
| 07/06/2020 | Childrens Medical Center of Dallas        | Dallas         | TX    |               | 6   |
| 07/06/2020 | Children's Hospital of Colorado           | Aurora         | CO    |               | 12  |
| 07/06/2020 | Children's Hospital of Pittsburgh         | Pittsburgh     | PA    |               | 6   |
| 07/06/2020 | Children's Hospital & Medical Center      | Omaha          | NE    |               | 18  |
| 07/06/2020 | Children's Hospital @ Sinai               | Baltimore      | MD    |               | 6   |
| 07/06/2020 | Children's Hospital of Montefiore         | Bronx          | NY    |               | 6   |
| 07/06/2020 | Cadence Health                            | Winfield       | IL    |               | 18  |
| 07/06/2020 | Lehigh Valley Hospital - Pediatric Specia | Allentown      | PA    |               | 12  |
| 07/06/2020 | Children's Hospital at Erlanger           | Chattanooga    | TN    |               | 6   |
| 07/06/2020 | Childrens Hospital @ St. Francis          | Tulsa          | OK    |               | 6   |
| 07/06/2020 | Childrens Hospital of the Kings Daughters | Norfolk        | VA    |               | 12  |
| 07/06/2020 | Cardinal Glennon Childrens Medical        | Saint Louis    | MO    |               | 6   |
| 07/06/2020 | CS Motts Childrens Hospital               | Ann Arbor      | MI    |               | 6   |

Hope Binder

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City           | State | Social Worker | Qty |
|------------|---|----------------|-------|---------------|-----|
| 07/06/2020 | Brenner Children's Hospital               | winston salem  | NC    |               | 12  |
| 07/06/2020 | Prisma - Greenville                       | Greenville     | SC    |               | 18  |
| 07/06/2020 | Arnold Palmer Hospital                    | Orlando        | FL    |               | 6   |
| 07/06/2020 | Akron Children's Hospital                 | Akron          | OH    |               | 12  |
| 07/06/2020 | Arkansas Children's Hospital              | Little Rock    | AK    |               | 12  |
| 07/06/2020 | Mary Bridge Childrens Hospital            | Tacoma         | WA    |               | 6   |
| 07/06/2020 | Wesley Medical Center                     | Wichita        | KS    |               | 18  |
| 07/14/2020 | Rainbow Babies                            | Cleveland      | OH    |               | 18  |
| 07/14/2020 | Rady Children's Hospital                  | san diego      | CA    |               | 18  |
| 07/14/2020 | Primary Children's                        | Salt Lake City | UT    |               | 12  |
| 07/14/2020 | Presbyterian Blume Pediatric              | Charlotte      | NC    |               | 12  |
| 07/14/2020 | Phoenix Childrens Hospital                | Phoenix        | AZ    |               | 12  |
| 07/14/2020 | Peyton Manning Childrens Hospital         | Indianapolis   | IN    |               | 12  |
| 07/14/2020 | Penn State Milton S. Hersey Medical Cente | Hersey         | PA    |               | 12  |
| 07/14/2020 | Prisma Health - Columbia                  | Columbia       | SC    |               | 12  |
| 07/14/2020 | Oschner Clinic Foundation                 | New Orleans    | LA    |               | 12  |
| 07/14/2020 | Nemours Children's Clinic Pensicola       | Pensicola      | FL    |               | 12  |
| 07/14/2020 | Nemours Children's Clinic                 | Orlando        | FL    |               | 12  |
| 07/14/2020 | Navicent Health/Beverly Knight Olson      | Macon          | GA    |               | 12  |
| 07/14/2020 | Eastern Maine Medical Center              | Brewer         | ME    |               | 6   |
| 10/16/2020 | Children's Hospital @ Sinai               | Baltimore      | MD    |               | 12  |
| 10/16/2020 | Loma Linda Univ. Hosp.                    | San Bernadino  | CA    |               | 12  |
| 10/16/2020 | Florida Childrens Hospital                | Orlando        | FL    |               | 12  |
| 10/16/2020 | Children's of Alabama                     | Birmingham     | AL    |               | 12  |
| 10/16/2020 | Advocate Hope Children's Hospital         | Oak Lawn       | IL    |               | 12  |
| 10/16/2020 | Advocate Childrens Hospital               | Park Ridge     | IL    |               | 12  |
| 10/16/2020 | Banner/Cardon Health Childrens Medical    | Mesa           | AZ    |               | 12  |
| 10/16/2020 | Arkansas Children's Hospital              | Little Rock    | AK    |               | 12  |
| 10/16/2020 | All Childrens Hospital                    | St Petersburg  | FL    |               | 12  |
| 10/16/2020 | Alex's Place at Sylvester Comp. Cancer Ct | Miami          | FL    |               | 12  |
| 10/16/2020 | University Medical Center                 | Tucson         | AZ    |               | 12  |
| 10/16/2020 | Batson Hospital for Children              | Jackson        | MS    |               | 12  |
| 10/16/2020 | Blank Children's Hospital                 | Des Moines     | IA    |               | 12  |
| 10/16/2020 | Cadence Health                            | Winfield       | IL    |               | 12  |
| 10/16/2020 | Carilion Childrens Hospital               | Roanoke        | VA    |               | 12  |
| 10/16/2020 | Children's Hospital at Erlanger           | Chattanooga    | TN    |               | 12  |
| 10/16/2020 | Childrens Hospital @ St. Francis          | Tulsa          | OK    |               | 12  |
| 11/03/2020 | USA Children's and Women's Hospital       | Mobile         | AL    |               | 18  |
| 11/03/2020 | Helen DeVos Childrens Hospital            | Grand Rapids   | MI    |               | 12  |
| 11/03/2020 | IU Health North                           | Carmel         | IN    |               | 12  |
| 11/03/2020 | Kentucky Childrens Hospital               | Lexington      | KY    |               | 12  |
| 11/03/2020 | Kids Cancer Foundation                    | Palm Beach     | FL    |               | 18  |
| 11/03/2020 | Levine Children's Hospital                | Charlotte.     | NC    |               | 18  |
| 11/03/2020 | Mary Bridge Childrens Hospital            | Tacoma         | WA    |               | 12  |
| 11/03/2020 | MUSC Children's Hospital                  | Charleston     | SC    |               | 18  |
| 11/16/2020 | MUSC Children's Hospital                  | Charleston     | SC    |               | 60  |

Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City              | State | Social Worker | Qty |
|------------|---|-------------------|-------|---------------|-----|
| 04/14/2022 | Lutheran Children's Hospital              | Fort Wayne        | IN    |               | 6   |
| 04/14/2022 | Presbyterian Hospital                     | Albuquerque       | NM    |               | 12  |
| 04/14/2022 | Children's Hospital & Medical Center      | Omaha             | NE    |               | 6   |
| 04/14/2022 | USA Children's and Women's Hospital       | Mobile            | AL    |               | 18  |
| 04/14/2022 | Childrens Hospital of New Orleans         | New Orleans       | LA    |               | 18  |
| 04/14/2022 | East tn Children's Hosp                   | Knoxville         | TN    |               | 24  |
| 04/14/2022 | Wesley Medical Center                     | Wichita           | KS    |               | 12  |
| 04/14/2022 | University Medical Center                 | Tucson            | AZ    |               | 12  |
| 04/14/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               | 6   |
| 04/14/2022 | Presbyterian Hospital                     | Albuquerque       | NM    |               | 6   |
| 05/05/2022 | Wesley Medical Center                     | Wichita           | KS    |               | 12  |
| 05/05/2022 | CS Motts Childrens Hospital               | Ann Arbor         | MI    |               | 12  |
| 05/05/2022 | Cardinal Glennon Childrens Medical        | Saint Louis       | MO    |               | 18  |
| 05/05/2022 | Wisconsin Children's Hospital             | 9000 W.           | WI    |               | 6   |
| 05/05/2022 | Childrens Hospital University of Illinois | Chicago           | IL    |               | 12  |
| 05/05/2022 | Baystate Health/Sadowsky Center for Child | Springfield       | MA    |               | 6   |
| 05/05/2022 | Upstate Golisano Childrens Hospital       | Syracuse          | NY    |               | 12  |
| 05/05/2022 | Advocate Childrens Hospital               | Park Ridge        | IL    |               | 12  |
| 05/05/2022 | Advocate Hope Children's Hospital         | Oak Lawn          | IL    |               | 6   |
| 05/05/2022 | University Medical Center                 | Tucson            | AZ    |               | 18  |
| 05/05/2022 | Cook Childrens Medical Center             | Fort Worth        | TX    |               | 12  |
| 05/05/2022 | MU womans and childrens                   | Columbia          | MO    |               | 12  |
| 05/05/2022 | Childrens Hospital of LA                  | Los Angeles       | CA    |               | 6   |
| 05/05/2022 | Hasbro Children's Hospital                | Providence        | RI    |               | 6   |
| 05/05/2022 | El Paso Children's Hospital               | El Paso           | TX    |               | 12  |
| 06/03/2022 | Driscoll Childrens Hospital               | Corpus Christi    | TX    |               | 6   |
| 06/03/2022 | Children's MC of Dayton                   | Dayton            | OH    |               | 12  |
| 06/03/2022 | Childrens Hospital of the Kings Daughters | Norfolk           | VA    |               | 6   |
| 06/03/2022 | Children's Hospital at Erlanger           | Chattanooga       | TN    |               | 12  |
| 06/03/2022 | Childrens Hospital University of Illinois | Chicago           | IL    |               | 18  |
| 06/03/2022 | Children's Hospital of Colorado           | Aurora            | CO    |               | 12  |
| 06/03/2022 | Children's Hospital @ Sinai               | Baltimore         | MD    |               | 12  |
| 06/10/2022 | Kentucky Childrens Hospital               | Lexington         | KY    |               | 12  |
| 06/10/2022 | Morristown Memorial Hospital              | Morristown        | NJ    |               | 12  |
| 06/10/2022 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |               | 18  |
| 06/10/2022 | Cincinnati Children's Hospital            | Cincinnati        | OH    |               | 6   |
| 06/10/2022 | Inova Fairfax Hospital for children       | Falls Church      | VA    |               | 6   |
| 06/10/2022 | John Hopkins Hospital                     | Baltimore         | MD    |               | 6   |
| 06/10/2022 | John Stroger Hospital                     | Chicago           | IL    |               | 12  |
| 06/17/2022 | Prisma Health - Columbia                  | Columbia          | SC    |               | 12  |
| 06/17/2022 | Oishei Childrens Hospital                 | Buffalo           | NY    |               | 6   |
| 06/17/2022 | Oschner Clinic Foundation                 | New Orleans       | LA    |               | 12  |
| 06/17/2022 | Newark Beth Israel Medical Center         | Newark            | NJ    |               | 12  |
| 06/17/2022 | Nemours Children's Clinic                 | Orlando           | FL    |               | 12  |
| 06/17/2022 | Navicent Health/Beverly Knight Olson      | Macon             | GA    |               | 6   |
| 06/17/2022 | Nationwide Children's Hospital            | Columbus          | OH    |               | 12  |

**CLF Program Services**

**Transaction Detail By Account**

**January 1, 2019 through September 2, 2022**

| Date                         | Name                                  | City        | State | Social Worker | Qty         |
|------------------------------|---------------------------------------|-------------|-------|---------------|-------------|
| 07/26/2022                   | MU womans and childrens               | Columbia    | MO    |               | 18          |
| 08/09/2022                   | MUSC Children's Hospital              | Charleston  | SC    |               | 36          |
| 08/09/2022                   | MU womans and childrens               | Columbia    | MO    |               | 6           |
| 08/09/2022                   | montana children's                    | Kalispell   | MT    |               | 6           |
| 08/23/2022                   | MUSC Children's Hospital              | Charleston  | SC    |               | 36          |
| 08/23/2022                   | MSCHONY-Presbyterian                  | New York    | NY    |               | 6           |
| 08/23/2022                   | Methodist Childrens Hospital          | San Antonio | TX    |               | 6           |
| 08/23/2022                   | Miller Children's Hospital - Elm Ave. | Long Beach  | CA    |               | 6           |
| 08/23/2022                   | Mercy Children's Hospital             | Toledo      | OH    |               | 12          |
| 08/23/2022                   | Maimonides of Brooklyn                | Brooklyn    | NY    |               | 12          |
| 08/23/2022                   | Eastern Maine Medical Center          | Brewer      | ME    |               | 6           |
| 08/23/2022                   | Mary Bridge Childrens Hospital        | Tacoma      | WA    |               | 6           |
| 08/23/2022                   | Medical City of Dallas                | Dallas      | TX    |               | 18          |
| 08/23/2022                   | MD Anderson Cancer Ctr                | Houston     | TX    |               | 6           |
| <b>Total Patients Served</b> |                                       |             |       |               | <b>1950</b> |

# EXHIBIT 5

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date                      | P.O. # | Name                                | City           | State | Health Professional | Child's Name | Item       | Qty |
|---------------------------|--------|-------------------------------------|----------------|-------|---------------------|--------------|------------|-----|
| <b>HUG U WEAR PROGRAM</b> |        |                                     |                |       |                     |              |            |     |
| 01/25/2019                | 21231  | Advocate Hope Children's Hospital   | Oak Lawn       | IL    |                     |              | Hug u Wear | 1   |
| 02/01/2019                | 21238  | Primary Children's                  | Salt Lake City | UT    |                     |              | Hug u Wear | 1   |
| 02/08/2019                | 21332  | Loma Linda Univ. Hosp.              | San Bernadino  | CA    |                     |              | Hug u Wear | 1   |
| 02/08/2019                | 21333  | Lutheran Children's Hospital        | Fort Wayne     | IN    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21334  | Childrens Hospital of Orange County | Orange         | CA    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21335  | Nationwide Children's Hospital      | Columbus       | OH    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21336  | Nemours Childrens Clinic            | Jacksonville   | FL    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21337  | Mission Hospital                    | Ashville       | NC    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21338  | Childrens Hospital of LA            | Los Angeles    | CA    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21339  | UMass Memorial Children's           | Worcester      | MA    |                     |              | Hug u Wear | 1   |
| 03/08/2019                | 21340  | Mission Hospital                    | Ashville       | NC    |                     |              | Hug u Wear | 1   |
| 03/14/2019                | 18672  | Cincinnati Children's Hospital      | Cincinnati     | OH    |                     |              | Hug u Wear | 1   |
| 04/17/2019                | 21434  | Levine Children's Hospital          | Charlotte.     | NC    |                     |              | Hug u Wear | 1   |
| 04/17/2019                | 21435  | Childrens Hospital of LA            | Los Angeles    | CA    |                     |              | Hug u Wear | 1   |
| 04/17/2019                | 21436  | Kids Cancer Foundation              | Palm Beach     | FL    |                     |              | Hug u Wear | 1   |
| 04/17/2019                | 21437  | Childrens Hospital of Orange County | Orange         | CA    |                     |              | Hug u Wear | 1   |
| 04/17/2019                | 21438  | Loma Linda Univ. Hosp.              | San Bernadino  | CA    |                     |              | Hug u Wear | 1   |
| 05/03/2019                | 21439  | Childrens Hospital of LA            | Los Angeles    | CA    |                     |              | Hug u Wear | 1   |
| 05/03/2019                | 21440  | Childrens Hospital of Orange County | Orange         | CA    |                     |              | Hug u Wear | 1   |
| 05/17/2019                | 21452  | Cincinnati Children's Hospital      | Cincinnati     | OH    |                     |              | Hug u Wear | 1   |
| 05/17/2019                | 21453  | Cincinnati Children's Hospital      | Cincinnati     | OH    |                     |              | Hug u Wear | 1   |
| 05/17/2019                | 21454  | Childrens Hospital of Orange County | Orange         | CA    |                     |              | Hug u Wear | 1   |
| 05/22/2019                | 21455  | Cadence Health                      | Winfield       | IL    |                     |              | Hug u Wear | 1   |
| 05/22/2019                | 21456  | Mission Hospital                    | Ashville       | NC    |                     |              | Hug u Wear | 1   |
| 06/06/2019                | 21492  | Levine Children's Hospital          | Charlotte.     | NC    |                     |              | Hug u Wear | 1   |
| 06/06/2019                | 21493  | Childrens Hospital of LA            | Los Angeles    | CA    |                     |              | Hug u Wear | 1   |
| 06/14/2019                | 21494  | LAC & USC Medical Ctr               | Los Angeles    | CA    |                     |              | Hug u Wear | 1   |
| 06/21/2019                | 21552  | Conneticut Childrens MC             | Hartford       | CT    |                     |              | Hug u Wear | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | P.O. # | Name                                      | City              | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|---|-------------------|-------|---------------------|--------------|------------|-----|
| 06/27/2019 | 21565  | Levine Children's Hospital                | Charlotte.        | NC    |                     |              | Hug u Wear | 1   |
| 06/27/2019 | 21566  | Prisma Health - Columbia                  | Columbia          | SC    |                     |              | Hug u Wear | 1   |
| 06/27/2019 | 21567  | Prisma Health - Columbia                  | Columbia          | SC    |                     |              | Hug u Wear | 1   |
| 07/19/2019 | 21576  | Nemours Children's Clinic                 | Orlando           | FL    |                     |              | Hug u Wear | 1   |
| 07/19/2019 | 21577  | Prisma Health - Columbia                  | Columbia          | SC    |                     |              | Hug u Wear | 1   |
| 07/19/2019 | 21578  | Medical City of Dallas                    | Dallas            | TX    |                     |              | Hug u Wear | 1   |
| 08/13/2019 | 21620  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 08/13/2019 | 21621  | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | Hug u Wear | 1   |
| 08/13/2019 | 21622  | Nationwide Children's Hospital            | Columbus          | OH    |                     |              | Hug u Wear | 1   |
| 09/05/2019 | 21685  | Loma Linda Childrens Hospital             | Loma Linda.       | CA    |                     |              | Hug u Wear | 1   |
| 09/05/2019 | 21686  | Sutter Memorial Hospital                  | Sacramento        | CA    |                     |              | Hug u Wear | 1   |
| 09/05/2019 | 21687  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 09/06/2019 | 21689  | Nationwide Children's Hospital            | Columbus          | OH    |                     |              | Hug u Wear | 1   |
| 09/27/2019 | 21735  | Nationwide Children's Hospital            | Columbus          | OH    |                     |              | Hug u Wear | 1   |
| 09/27/2019 | 21736  | Primary Children's                        | Salt Lake City    | UT    |                     |              | Hug u Wear | 1   |
| 09/27/2019 | 21737  | Children National MC                      | Room              |       |                     |              | Hug u Wear | 1   |
| 10/11/2019 | 21752  | Palms West Hospital                       | Royal Palm Beach  | FL    |                     |              | Hug u Wear | 1   |
| 10/11/2019 | 21753  | St. Peter's University Hospital           | New Bruinswick    | NJ    |                     |              | Hug u Wear | 1   |
| 10/11/2019 | 21754  | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | Hug u Wear | 1   |
| 10/18/2019 | 21761  | Children's Hospital of Central Calif.     | Madera            | CA    |                     |              | Hug u Wear | 1   |
| 10/25/2019 | 21762  | montana children's                        | Kalispell         | MT    |                     |              | Hug u Wear | 1   |
| 10/25/2019 | 21763  | Primary Children's                        | Salt Lake City    | UT    |                     |              | Hug u Wear | 1   |
| 10/25/2019 | 21764  | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |                     |              | Hug u Wear | 1   |
| 11/05/2019 | 21816  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 11/05/2019 | 21817  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 11/05/2019 | 21818  | Morristown Memorial Hospital              | Morristown        | NJ    |                     |              | Hug u Wear | 1   |
| 01/10/2020 | 21886  | Kids Cancer Foundation                    | Palm Beach        | FL    |                     |              | Hug u Wear | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | P.O. # | Name                                      | City        | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|---|-------------|-------|---------------------|--------------|------------|-----|
| 01/10/2020 | 21887  | Children's Hospital & Medical Center      | Omaha       | NE    |                     |              | Hug u Wear | 1   |
| 01/10/2020 | 21888  | Children's Hospital of Central Calif.     | Madera      | CA    |                     |              | Hug u Wear | 1   |
| 01/10/2020 | 21889  | Childrens Hospital of Orange County       | Orange      | CA    |                     |              | Hug u Wear | 1   |
| 01/17/2020 | 21890  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 01/17/2020 | 21891  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 02/28/2020 | 21923  | Golisano Childrens Hospital of SW Florida | Fort Meyers | FL    |                     |              | Hug u Wear | 1   |
| 02/28/2020 | 21924  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 02/28/2020 | 21925  | Mission Hospital                          | Ashville    | NC    |                     |              | Hug u Wear | 1   |
| 02/28/2020 | 21937  | Beverly Knight Olsen Hospital             |             |       |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21963  | Kaiser Permanente Oakland                 | Oakland     | CA    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21964  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21965  | Children's Hospital & Medical Center      | Omaha       | NE    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21966  | Nationwide Children's Hospital            | Columbus    | OH    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21967  | Mission Hospital                          | Ashville    | NC    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21968  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21969  | Nationwide Children's Hospital            | Columbus    | OH    |                     |              | Hug u Wear | 1   |
| 03/27/2020 | 21970  | Nationwide Children's Hospital            | Columbus    | OH    |                     |              | Hug u Wear | 1   |
| 05/07/2020 | 21971  | Kids Cancer Foundation                    | Palm Beach  | FL    |                     |              | Hug u Wear | 1   |
| 05/07/2020 | 21972  | Kids Cancer Foundation                    | Palm Beach  | FL    |                     |              | Hug u Wear | 1   |
| 05/07/2020 | 21973  | Morristown Memorial Hospital              | Morristown  | NJ    |                     |              | Hug u Wear | 1   |
| 05/22/2020 | 22046  | Children's Hospital of Central Calif.     | Madera      | CA    |                     |              | Hug u Wear | 1   |
| 05/22/2020 | 22047  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 06/09/2020 | 22078  | St. Jude Research Hospital                | memphis     | TN    |                     |              | Hug u Wear | 1   |
| 06/09/2020 | 22079  | Sanford Health                            | Fargo       | ND    |                     |              | Hug u Wear | 1   |
| 06/19/2020 | 22085  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 06/19/2020 | 22086  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 08/20/2020 | 22226  | LAC & USC Medical Ctr                     | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 08/20/2020 | 22227  | Morristown Memorial Hospital              | Morristown  | NJ    |                     |              | Hug u Wear | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | P.O. # | Name                                      | City              | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|---|-------------------|-------|---------------------|--------------|------------|-----|
| 10/21/2020 | 22326  | Children's Hospital of Central Calif.     | Madera            | CA    |                     |              | Hug u Wear | 1   |
| 10/21/2020 | 22327  | Advocate Childrens Hospital               | Park Ridge        | IL    |                     |              | Hug u Wear | 1   |
| 10/30/2020 | 22328  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 10/30/2020 | 22329  | St. Jude Research Hospital                | memphis           | TN    |                     |              | Hug u Wear | 1   |
| 10/30/2020 | 22330  | Lucile Packard Children's Hospital        | Palo Alto         | CA    |                     |              | Hug u Wear | 1   |
| 10/30/2020 | 22331  | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |                     |              | Hug u Wear | 1   |
| 11/16/2020 | 22356  | Children's Hospital & Medical Center      | Omaha             | NE    |                     |              | Hug u Wear | 1   |
| 11/16/2020 | 22357  | St. Peter's University Hospital           | New Bruinswick    | NJ    |                     |              | Hug u Wear | 1   |
| 11/16/2020 | 22358  | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |                     |              | Hug u Wear | 1   |
| 01/21/2021 | 22430  | Medical City of Dallas                    | Dallas            | TX    |                     |              | Hug u Wear | 1   |
| 01/21/2021 | 22431  | Hasbro Children's Hospital                | Providence        | RI    |                     |              | Hug u Wear | 1   |
| 01/21/2021 | 22432  | Hasbro Children's Hospital                | Providence        | RI    |                     |              | Hug u Wear | 1   |
| 01/21/2021 | 22433  | Childrens Hospital of Orange County       | Orange            | CA    |                     |              | Hug u Wear | 1   |
| 01/21/2021 | 22434  | Lutheran Children's Hospital              | Fort Wayne        | IN    |                     |              | Hug u Wear | 1   |
| 01/28/2021 | 22443  | Children's Hospital & Medical Center      | Omaha             | NE    |                     |              | Hug u Wear | 1   |
| 01/28/2021 | 22444  | Kids Cancer Foundation                    | Palm Beach        | FL    |                     |              | Hug u Wear | 1   |
| 01/28/2021 | 22445  | Kids Cancer Foundation                    | Palm Beach        | FL    |                     |              | Hug u Wear | 1   |
| 01/28/2021 | 22446  | Hasbro Children's Hospital                | Providence        | RI    |                     |              | Hug u Wear | 1   |
| 02/05/2021 | 22470  | Hasbro Children's Hospital                | Providence        | RI    |                     |              | Hug u Wear | 1   |
| 02/05/2021 | 22471  | Hasbro Children's Hospital                | Providence        | RI    |                     |              | Hug u Wear | 1   |
| 02/05/2021 | 22472  | Arkansas Childrens Hospital               | Little Rock       | AK    |                     |              | Hug u Wear | 1   |
| 02/12/2021 | 22473  | Mary Bridge Childrens Hospital            | Tacoma            | WA    |                     |              | Hug u Wear | 1   |
| 03/15/2021 | 22474  | Children's Hospital & Medical Center      | Omaha             | NE    |                     |              | Hug u Wear | 1   |
| 03/15/2021 | 22475  | Children's Hospital & Medical Center      | Omaha             | NE    |                     |              | Hug u Wear | 1   |
| 03/15/2021 | 22476  | Vidant Medical Center                     | Greenville        | NC    |                     |              | Hug u Wear | 1   |
| 03/19/2021 | 22477  | Conneticut Childrens MC                   | Hartford          | CT    |                     |              | Hug u Wear | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | P.O. # | Name  | City         | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|---|--------------|-------|---------------------|--------------|------------|-----|
| 04/06/2021 | 22490  | Childrens Hospital of Orange County                           | Orange       | CA    |                     |              | Hug u Wear | 1   |
| 04/06/2021 | 22491  | Nationwide Children's Hospital                                | Columbus     | OH    |                     |              | Hug u Wear | 1   |
| 04/06/2021 | 22492  | Advocate Childrens Hospital                                   | Park Ridge   | IL    |                     |              | Hug u Wear | 1   |
| 04/26/2021 | 22535  | Mission Hospital  | Ashville     | NC    |                     |              | Hug u Wear | 1   |
| 04/26/2021 | 22536  | Mary Bridge Childrens Hospital                                | Tacoma       | WA    |                     |              | Hug u Wear | 1   |
| 04/26/2021 | 22537  | Maimonides of Brooklyn  | Brooklyn     | NY    |                     |              | Hug u Wear | 1   |
| 04/28/2021 | 22545  | East tn Children's Hosp                                       | Knoxville    | TN    |                     |              | Hug u Wear | 1   |
| 04/30/2021 | 22618  | Advocate Childrens Hospital                                   | Park Ridge   | IL    |                     |              | Hug u Wear | 1   |
| 04/30/2021 | 22619  | Mary Bridge Childrens Hospital                                | Tacoma       | WA    |                     |              | Hug u Wear | 1   |
| 05/05/2021 | 22620  | Akron Children's Hospital                                     | Akron        | OH    |                     |              | Hug u Wear | 1   |
| 05/11/2021 | 22621  | Kaiser Permante Roseville                                     | Roseville    | CA    |                     |              | Hug u Wear | 1   |
| 05/11/2021 | 22622  | Peyton Manning Childrens Hospital                             | Indianapolis | IN    |                     |              | Hug u Wear | 1   |
| 05/19/2021 | 22632  | St. Jude Research Hospital                                    | memphis      | TN    |                     |              | Hug u Wear | 1   |
| 06/02/2021 | 22665  | Nationwide Children's Hospital                                | Columbus     | OH    |                     |              | Hug u Wear | 1   |
| 06/02/2021 | 22666  | Miller Childrens Hospital - Atlantic Ave.                     | Long Beach   | CA    |                     |              | Hug u Wear | 1   |
| 06/03/2021 | 22708  | Childrens Hospital of Orange County                           | Orange       | CA    |                     |              | Hug u Wear | 1   |
| 07/08/2021 | 22695  | Kaiser Permante Downey  | Downey       | CA    |                     |              | Hug u Wear | 1   |
| 07/19/2021 | 22696  | Childrens Hospital of LA                                      | Los Angeles  | CA    |                     |              | Hug u Wear | 1   |
| 08/10/2021 | 22711  | Morristown Memorial Hospital                                  | Morristown   | NJ    |                     |              | Hug u Wear | 1   |
| 08/25/2021 | 22728  | Children's Hospital & Medical Center                          | Omaha        | NE    |                     |              | Hug u Wear | 1   |
| 09/01/2021 | 22766  | Advocate Hope Children's Hospital                             | Oak Lawn     | IL    |                     |              | Hug u Wear | 1   |
| 09/01/2021 | 22767  | Childrens Hospital of LA                                      | Los Angeles  | CA    |                     |              | Hug u Wear | 1   |
| 09/16/2021 | 22770  | University of New Mexico Childrens Hospital of Orange County  | Albuquerque  | NM    |                     |              | Hug u Wear | 1   |
| 09/16/2021 | 22771  | Childrens Hospital of Orange County                           | Orange       | CA    |                     |              | Hug u Wear | 1   |
| 09/16/2021 | 22772  | University of New Mexico Children's Hospital & Medical Center | Albuquerque  | NM    |                     |              | Hug u Wear | 1   |
| 10/07/2021 | 22785  | Children's Hospital & Medical Center                          | Omaha        | NE    |                     |              | Hug u Wear | 1   |
| 10/07/2021 | 22786  | Childrens Hospital of LA                                      | Los Angeles  | CA    |                     |              | Hug u Wear | 1   |

**CLF Program Services**  
**Transaction Detail By Account**  
**January 1, 2019 through August 24, 2022**

| Date       | P.O. # | Name                                      | City        | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|---|-------------|-------|---------------------|--------------|------------|-----|
| 10/07/2021 | 22787  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 10/22/2021 | 22807  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 10/22/2021 | 22808  | Morristown Memorial Hospital              | Morristown  | NJ    |                     |              | Hug u Wear | 1   |
| 11/05/2021 | 22831  | Kaiser Permante Roseville                 | Roseville   | CA    |                     |              | Hug u Wear | 1   |
| 11/05/2021 | 22832  | St. Jude Research Hospital                | memphis     | TN    |                     |              | Hug u Wear | 1   |
| 11/05/2021 | 22833  | St. Jude Research Hospital                | memphis     | TN    |                     |              | Hug u Wear | 1   |
| 11/16/2021 | 22834  | University of New Mexico                  | Albuquerque | NM    |                     |              | Hug u Wear | 1   |
| 11/24/2021 | 22835  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 12/10/2021 | 22885  | Morristown Memorial Hospital              | Morristown  | NJ    |                     |              | Hug u Wear | 1   |
| 12/10/2021 | 22886  | Miller Childrens Hospital - Atlantic Ave. | Long Beach  | CA    |                     |              | Hug u Wear | 1   |
| 12/10/2021 | 22887  | Childrens Hospital of Wisonsin            | Milwaukee   | WI    |                     |              | Hug u Wear | 1   |
| 12/10/2021 | 22888  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 01/12/2022 | 22716  | Mission Hospital                          | Ashville    | NC    |                     |              | Hug u Wear | 1   |
| 01/12/2022 | 22717  | Childrens Hospital of Orange County       | Orange      | CA    |                     |              | Hug u Wear | 1   |
| 01/12/2022 | 22718  | University Medical Center                 | Tucson      | AZ    |                     |              | Hug u Wear | 1   |
| 01/21/2022 | 22719  | Childrens Hospital of Orange County       | Orange      | CA    |                     |              | Hug u Wear | 1   |
| 01/28/2022 | 22720  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 02/11/2022 | 22756  | Arkansas Childrens Hospital               | Little Rock | AK    |                     |              | Hug u Wear | 1   |
| 02/25/2022 | 22786  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 02/25/2022 | 22787  | University of New Mexico                  | Albuquerque | NM    |                     |              | Hug u Wear | 1   |
| 02/25/2022 | 22788  | Childrens Hospital of LA                  | Los Angeles | CA    |                     |              | Hug u Wear | 1   |
| 02/25/2022 | 22789  | Mission Hospital                          | Ashville    | NC    |                     |              | Hug u Wear | 1   |
| 03/19/2022 | 22794  | Maimonides of Brooklyn                    | Brooklyn    | NY    |                     |              | Hug u Wear | 1   |
| 03/19/2022 | 22795  | Nationwide Children's Hospital            | Columbus    | OH    |                     |              | Hug u Wear | 1   |
| 04/13/2022 | 22875  | Childrens Hospital University of Illinois | Chicago     | IL    |                     |              | Hug u Wear | 1   |
| 04/13/2022 | 22876  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 04/13/2022 | 22877  | Mary Bridge Childrens Hospital            | Tacoma      | WA    |                     |              | Hug u Wear | 1   |
| 04/13/2022 | 22878  | Mission Hospital                          | Ashville    | NC    |                     |              | Hug u Wear | 1   |

CLF Program Services

Transaction Detail By Account

January 1, 2019 through August 24, 2022

| Date       | P.O. # | Name                          | City            | State | Health Professional | Child's Name | Item       | Qty |
|------------|--------|-------------------------------|-----------------|-------|---------------------|--------------|------------|-----|
| 05/02/2022 | 22917  | Palm Beach Childrens Hospital | West Palm Beach | FL    |                     |              | Hug u Wear | 1   |
| 05/02/2022 | 22918  | Maimonides of Brooklyn        | Brooklyn        | NY    |                     |              | Hug u Wear | 1   |
| 05/17/2022 | 22974  | University of New Mexico      | Albuquerque     | NM    |                     |              | Hug u Wear | 1   |
| 05/17/2022 | 22975  | Kaiser Permanente Oakland     | Oakland         | CA    |                     |              | Hug u Wear | 1   |
| 06/07/2022 | 22981  | Kaiser Permanente Oakland     | Oakland         | CA    |                     |              | Hug u Wear | 1   |
| 06/07/2022 | 22982  | IU Health North               | Carmel          | IN    |                     |              | Hug u Wear | 1   |
| 06/07/2022 | 22983  | Mission Hospital              | Ashville        | NC    |                     |              | Hug u Wear | 1   |
| 06/07/2022 | 22984  | Prisma Health - Columbia      | Columbia        | SC    |                     |              | Hug u Wear | 1   |
| 08/11/2022 | 23120  | Kids Cancer Foundation        | Palm Beach      | FL    |                     |              | Hug u Wear | 1   |
| 08/24/2022 | 23121  | LAC & USC Medical Ctr         | Los Angeles     | CA    |                     |              | Hug u Wear | 1   |
|            |        | Total Patients Served         |                 |       |                     |              |            | 174 |

# EXHIBIT 6

January 1, 2019 through September 2, 2022

|             | Date       | Name                               | City          | State | Social Worker | Child's Name | Quantity |
|-------------|------------|------------------------------------|---------------|-------|---------------|--------------|----------|
| Wish Basket | 02/01/2019 | Levine Children's Hospital         | Charlotte.    | NC    |               |              | 1        |
|             |            |                                    | JBSA Fort Sam |       |               |              |          |
|             | 02/01/2019 | Brooke Army Medical Center         | Houston       | TX    |               |              | 1        |
|             | 02/01/2019 | Cincinnati Children's Hospital     | Cincinnati    | OH    |               |              | 1        |
|             | 02/01/2019 | Mission Hospital                   | Ashville      | NC    |               |              | 1        |
|             | 02/01/2019 | Mission Hospital                   | Ashville      | NC    |               |              | 1        |
|             | 02/01/2019 | Mercy Children's Hospital          | Toledo        | OH    |               |              | 1        |
|             | 02/01/2019 | Mission Hospital                   | Ashville      | NC    |               |              | 1        |
|             | 02/01/2019 | Cohen's Children's Hospital        | New Hyde      | NY    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | University Medical Center          | Tucson        | AZ    |               |              | 1        |
|             | 02/01/2019 | University Medical Center          | Tucson        | AZ    |               |              | 1        |
|             | 02/01/2019 | University Medical Center          | Tucson        | AZ    |               |              | 1        |
|             | 02/01/2019 | Levine Children's Hospital         | Charlotte.    | NC    |               |              | 1        |
|             | 02/01/2019 | Levine Children's Hospital         | Charlotte.    | NC    |               |              | 1        |
|             | 02/01/2019 | Levine Children's Hospital         | Charlotte.    | NC    |               |              | 1        |
|             | 02/01/2019 | Mission Hospital                   | Ashville      | NC    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | University Medical Center          | Tucson        | AZ    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | Cardinal Glennon Childrens Medical | Saint Louis   | MO    |               |              | 1        |
|             | 02/01/2019 | Mission Hospital                   | Ashville      | NC    |               |              | 1        |
|             | 02/01/2019 | Mercy Children's Hospital          | Toledo        | OH    |               |              | 1        |
|             | 02/01/2019 | Morristown Memorial Hospital       | Morristown    | NJ    |               |              | 1        |
|             | 02/01/2019 | Morristown Memorial Hospital       | Morristown    | NJ    |               |              | 1        |



January 1, 2019 through September 2, 2022

| Date       | Name                                | City        | State | Social Worker | Child's Name | Quantity |
|------------|-------------------------------------|-------------|-------|---------------|--------------|----------|
| 04/03/2019 | Cincinnati Children's Hospital      | Cincinnati  | OH    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital      | Cincinnati  | OH    |               |              | 1        |
| 04/03/2019 | Childrens Hosp. of Philly           |             |       |               |              | 1        |
| 04/03/2019 | Voorhees                            | Voorhees    | NJ    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Children's Mercy Hospital & Clinics | Kansas City | MO    |               |              | 1        |
| 04/03/2019 | seattle childrens hospital          | Seattle     | WA    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital      | Cincinnati  | OH    |               |              | 1        |
| 04/03/2019 | Conneticut Childrens MC             | Hartford    | CT    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Sanford Health                      | Fargo       | ND    |               |              | 1        |
| 04/03/2019 | Sanford Health                      | Fargo       | ND    |               |              | 1        |
| 04/03/2019 | Sanford Health                      | Fargo       | ND    |               |              | 1        |
| 04/03/2019 | Sanford Health                      | Fargo       | ND    |               |              | 1        |
| 04/03/2019 | Hasbro Children's Hospital          | Providence  | RI    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital      | Cincinnati  | OH    |               |              | 1        |
| 04/03/2019 | Loyola University MC                | Maywood     | IL    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 04/03/2019 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |
| 04/03/2019 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |
| 04/03/2019 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                              | City         | State | Social Worker | Child's Name | Quantity |
|------------|-----------------------------------|--------------|-------|---------------|--------------|----------|
| 04/03/2019 | Batson Hospital for Children      | Jackson      | MS    |               |              | 1        |
| 04/03/2019 | University Medical Center         | Tucson       | AZ    |               |              | 1        |
| 04/03/2019 | Mission Hospital                  | Ashville     | NC    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Mission Hospital                  | Ashville     | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital        | Charlotte.   | NC    |               |              | 1        |
| 04/03/2019 | Cohen's Children's Hospital       | New Hyde     | NY    |               |              | 1        |
| 04/03/2019 | University Medical Center         | Tucson       | AZ    |               |              | 1        |
| 04/03/2019 | University Medical Center         | Tucson       | AZ    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital        | Charlotte.   | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital        | Charlotte.   | NC    |               |              | 1        |
| 04/03/2019 | Levine Children's Hospital        | Charlotte.   | NC    |               |              | 1        |
| 04/03/2019 | University Medical Center         | Tucson       | AZ    |               |              | 1        |
| 04/03/2019 | University Medical Center         | Tucson       | AZ    |               |              | 1        |
| 04/03/2019 | Children's Hospital of Montefiore | Bronx        | NY    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Cincinnati Children's Hospital    | Cincinnati   | OH    |               |              | 1        |
| 04/03/2019 | Loma Linda Childrens Hospital     | Loma Linda.  | CA    |               |              | 1        |
| 04/03/2019 | Loma Linda Childrens Hospital     | Loma Linda.  | CA    |               |              | 1        |
| 04/03/2019 | Loma Linda Childrens Hospital     | Loma Linda.  | CA    |               |              | 1        |
| 04/03/2019 | Loma Linda Childrens Hospital     | Loma Linda.  | CA    |               |              | 1        |
| 05/28/2019 | Helen DeVos Childrens Hospital    | Grand Rapids | MI    |               |              | 1        |
| 05/28/2019 | Mission Hospital                  | Ashville     | NC    |               |              | 1        |
| 05/28/2019 | Mission Hospital                  | Ashville     | NC    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                               | City            | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|-----------------|-------|---------------|--------------|----------|
| 05/28/2019 | Levine Children's Hospital         | Charlotte.      | NC    |               |              | 1        |
| 05/28/2019 | Hasbro Children's Hospital         | Providence      | RI    |               |              | 1        |
| 05/28/2019 | Childrens Hospital of LA           | Los Angeles     | CA    |               |              | 1        |
| 05/28/2019 | Kentucky Childrens Hospital        | Lexington       | KY    |               |              | 1        |
| 05/28/2019 | University Medical Center          | Tucson          | AZ    |               |              | 1        |
| 05/28/2019 | Cardinal Glennon Childrens Medical | Saint Louis     | MO    |               |              | 1        |
| 05/28/2019 | Sanford Health                     | Fargo           | ND    |               |              | 1        |
| 05/28/2019 | Sanford Health                     | Fargo           | ND    |               |              | 1        |
| 05/28/2019 | Sanford Health                     | Fargo           | ND    |               |              | 1        |
| 05/28/2019 | Sanford Health                     | Fargo           | ND    |               |              | 1        |
| 05/28/2019 | Sanford Health                     | Fargo           | ND    |               |              | 1        |
| 05/28/2019 | Cardinal Glennon Childrens Medical | Saint Louis     | MO    |               |              | 1        |
| 05/28/2019 | University Medical Center          | Tucson          | AZ    |               |              | 1        |
| 05/28/2019 | University Medical Center          | Tucson          | AZ    |               |              | 1        |
| 05/28/2019 | University Health System           | San Antonio     | TX    |               |              | 1        |
| 05/28/2019 | University Health System           | San Antonio     | TX    |               |              | 1        |
| 05/28/2019 | University Health System           | San Antonio     | TX    |               |              | 1        |
| 05/28/2019 | Hasbro Children's Hospital         | Providence      | RI    |               |              | 1        |
| 05/28/2019 | Levine Children's Hospital         | Charlotte.      | NC    |               |              | 1        |
| 05/28/2019 | Levine Children's Hospital         | Charlotte.      | NC    |               |              | 1        |
| 05/28/2019 | Levine Children's Hospital         | Charlotte.      | NC    |               |              | 1        |
| 05/28/2019 | Childrens Hospital of Philadelphia | King of Prussia | PA    |               |              | 1        |
| 05/28/2019 | Mission Hospital                   | Ashville        | NC    |               |              | 1        |
| 05/28/2019 | Helen DeVos Childrens Hospital     | Grand Rapids    | MI    |               |              | 1        |
| 05/28/2019 | Prisma Health - Columbia           | Columbia        | SC    |               |              | 1        |
| 05/28/2019 | Prisma Health - Columbia           | Columbia        | SC    |               |              | 1        |
| 05/28/2019 | Peyton Manning Childrens Hospital  | Indianapolis    | IN    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                               | City                  | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|-----------------------|-------|---------------|--------------|----------|
| 05/28/2019 | Peyton Manning Childrens Hospital  | Indianapolis          | IN    |               |              | 1        |
| 05/28/2019 | Mission Hospital                   | Ashville              | NC    |               |              | 1        |
| 05/28/2019 | Carilion Childrens Hospital        | Roanoke               | VA    |               |              | 1        |
| 05/28/2019 | University Medical Center          | Tucson                | AZ    |               |              | 1        |
| 05/28/2019 | Wolfson Children's Hospital        | Jacksonville          | FL    |               |              | 1        |
| 06/18/2019 | Kentucky Childrens Hospital        | Lexington             | KY    |               |              | 1        |
| 06/18/2019 | Kentucky Childrens Hospital        | Lexington             | KY    |               |              | 1        |
| 06/18/2019 | Kentucky Childrens Hospital        | Lexington             | KY    |               |              | 1        |
| 06/18/2019 | Kentucky Childrens Hospital        | Lexington             | KY    |               |              | 1        |
| 06/18/2019 | Nemours Childrens Clinic           | Jacksonville          | FL    |               |              | 1        |
| 06/18/2019 | Cardinal Glennon Childrens Medical | Saint Louis           | MO    |               |              | 1        |
| 06/18/2019 | Cardinal Glennon Childrens Medical | Saint Louis           | MO    |               |              | 1        |
| 06/18/2019 | Geisinger Childrens Hospital       | Danville              | PA    |               |              | 1        |
| 06/18/2019 | Geisinger Childrens Hospital       | Danville              | PA    |               |              | 1        |
| 06/18/2019 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 06/18/2019 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 06/18/2019 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 06/18/2019 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 06/18/2019 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 06/18/2019 | Mission Hospital                   | Ashville              | NC    |               |              | 1        |
| 06/18/2019 | Brooke Army Medical Center         | JBSA Fort Sam Houston | TX    |               |              | 1        |
| 06/18/2019 | Cincinnati Children's Hospital     | Cincinnati            | OH    |               |              | 1        |
| 06/18/2019 | Cincinnati Children's Hospital     | Cincinnati            | OH    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 06/18/2019 | Cincinnati Children's Hospital     | Cincinnati            | OH    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                                  | City       | State | Social Worker | Child's Name | Quantity |
|------------|---------------------------------------|------------|-------|---------------|--------------|----------|
| 06/18/2019 | Cincinnati Children's Hospital        | Cincinnati | OH    |               |              | 1        |
| 06/18/2019 | UMass Memorial Children's             | Worcester  | MA    |               |              | 1        |
| 06/18/2019 | UMass Memorial Children's             | Worcester  | MA    |               |              | 1        |
| 06/18/2019 | Ventura Country Medical Center - VCMC | Ventura    | CA    |               |              | 1        |
| 06/18/2019 | Ventura Country Medical Center - VCMC | Ventura    | CA    |               |              | 1        |
| 06/18/2019 | Ventura Country Medical Center - VCMC | Ventura    | CA    |               |              | 1        |
| 06/18/2019 | Ventura Country Medical Center - VCMC | Ventura    | CA    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | University Medical Center             | Tucson     | AZ    |               |              | 1        |
| 06/18/2019 | University Medical Center             | Tucson     | AZ    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 06/18/2019 | Mercy Children's Hospital             | Toledo     | OH    |               |              | 1        |
| 06/18/2019 | University Medical Center             | Tucson     | AZ    |               |              | 1        |
| 06/18/2019 | Arnold Palmer Hospital                | Orlando    | FL    |               |              | 1        |
| 06/18/2019 | Hasbro Children's Hospital            | Providence | RI    |               |              | 1        |
| 06/18/2019 | Hasbro Children's Hospital            | Providence | RI    |               |              | 1        |
| 06/28/2019 | Geisinger Childrens Hospital          | Danville   | PA    |               |              | 1        |
| 07/24/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 07/24/2019 | Levine Children's Hospital            | Charlotte. | NC    |               |              | 1        |
| 07/24/2019 | MD Anderson Cancer Ctr                | Houston    | TX    |               |              | 1        |
| 07/24/2019 | MD Anderson Cancer Ctr                | Houston    | TX    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 07/24/2019 | MD Anderson Cancer Ctr                    | Houston     | TX    |               |              | 1        |
| 07/24/2019 | MD Anderson Cancer Ctr                    | Houston     | TX    |               |              | 1        |
| 07/24/2019 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 07/24/2019 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 07/24/2019 | John Hopkins Hospital                     | Baltimore   | MD    |               |              | 1        |
| 07/24/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 07/24/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 07/24/2019 | Ventura Country Medical Center - VCMC     | Ventura     | CA    |               |              | 1        |
| 07/24/2019 | Ventura Country Medical Center - VCMC     | Ventura     | CA    |               |              | 1        |
| 07/24/2019 | Ventura Country Medical Center - VCMC     | Ventura     | CA    |               |              | 1        |
| 07/24/2019 | Ventura Country Medical Center - VCMC     | Ventura     | CA    |               |              | 1        |
| 07/24/2019 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 07/24/2019 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 07/24/2019 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 07/24/2019 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 07/24/2019 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 07/24/2019 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 07/24/2019 | Mercy Children's Hospital                 | Toledo      | OH    |               |              | 1        |
| 07/24/2019 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 07/24/2019 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 07/24/2019 | Mission Hospital                          | Asheville   | NC    |               |              | 1        |
| 07/24/2019 | Texas Children's Hospital                 | Houston     | TX    |               |              | 1        |
| 07/24/2019 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/24/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital                | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital                | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital                | Orlando     | FL    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                               | City        | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|-------------|-------|---------------|--------------|----------|
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Florida Childrens Hospital         | Orlando     | FL    |               |              | 1        |
| 08/22/2019 | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | University Medical Center          | Tucson      | AZ    |               |              | 1        |
| 08/22/2019 | Carilion Childrens Hospital        | Roanoke     | VA    |               |              | 1        |
| 08/22/2019 | Nationwide Children's Hospital     | Columbus    | OH    |               |              | 1        |
| 08/22/2019 | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1        |
| 08/22/2019 | Mission Hospital                   | Asheville   | NC    |               |              | 1        |
| 08/22/2019 | Hasbro Children's Hospital         | Providence  | RI    |               |              | 1        |
| 08/22/2019 | Hasbro Children's Hospital         | Providence  | RI    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | University Medical Center          | Tucson      | AZ    |               |              | 1        |
| 08/22/2019 | Sanford Health                     | Fargo       | ND    |               |              | 1        |
| 08/22/2019 | Sanford Health                     | Fargo       | ND    |               |              | 1        |
| 08/22/2019 | Sanford Health                     | Fargo       | ND    |               |              | 1        |
| 08/22/2019 | Sanford Health                     | Fargo       | ND    |               |              | 1        |
| 08/22/2019 | Sanford Health                     | Fargo       | ND    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

Social

Worker

| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 08/22/2019 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 08/22/2019 | Texas Children's Hospital                 | Houston     | TX    |               |              | 1        |
| 08/22/2019 | Maimonides of Brooklyn                    | Brooklyn    | NY    |               |              | 1        |
| 08/22/2019 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 08/22/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 08/22/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 08/22/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 08/22/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 08/22/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 08/22/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/24/2019 | Florida Childrens Hospital                | Orlando     | FL    |               |              | 1        |
| 09/26/2019 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 09/26/2019 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 09/26/2019 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 09/26/2019 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 09/26/2019 | Mission Hospital                          | Ashtville   | NC    |               |              | 1        |
| 09/26/2019 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 09/26/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/26/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/26/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/26/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/26/2019 | Cottage Childrens Medical Center          | Goleta      | CA    |               |              | 1        |
| 09/26/2019 | Penn State Milton S. Hersey Medical Cente | Hersey      | PA    |               |              | 1        |
| 09/26/2019 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Kalispell Regional Healthcare             | Kalispell   | MT    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                  | City        | State | Social Worker | Child's Name | Quantity |
|------------|---------------------------------------|-------------|-------|---------------|--------------|----------|
| 09/26/2019 | Kalispell Regional Healthcare         | Kalispell   | MT    |               |              | 1        |
| 09/26/2019 | Levine Children's Hospital            | Charlotte.  | NC    |               |              | 1        |
| 09/26/2019 | Cardinal Glennon Childrens Medical    | Saint Louis | MO    |               |              | 1        |
| 09/26/2019 | Cardinal Glennon Childrens Medical    | Saint Louis | MO    |               |              | 1        |
| 09/26/2019 | Michigan State University             | Lansing     | MI    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Prisma Health - Columbia              | Columbia    | SC    |               |              | 1        |
| 09/26/2019 | Michigan State University             | Lansing     | MI    |               |              | 1        |
| 10/29/2019 | montana children's                    | Kalispell   | MT    |               |              | 1        |
| 10/29/2019 | Levine Children's Hospital            | Charlotte.  | NC    |               |              | 1        |
| 10/29/2019 | Children's Hospital of Central Calif. | Madera      | CA    |               |              | 1        |
| 10/29/2019 | Children's Hospital of Central Calif. | Madera      | CA    |               |              | 1        |
| 10/29/2019 | University Medical Center             | Tucson      | AZ    |               |              | 1        |
| 10/29/2019 | Sanford Health                        | Fargo       | ND    |               |              | 1        |
| 10/29/2019 | Sanford Health                        | Fargo       | ND    |               |              | 1        |
| 10/29/2019 | Sanford Health                        | Fargo       | ND    |               |              | 1        |
| 10/29/2019 | Sanford Health                        | Fargo       | ND    |               |              | 1        |
| 10/29/2019 | Sanford Health                        | Fargo       | ND    |               |              | 1        |
| 10/29/2019 | Children National MC                  | Room        |       |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center      | Goleta      | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center      | Goleta      | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center      | Goleta      | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center      | Goleta      | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center      | Goleta      | CA    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City     | State | Social Worker | Child's Name | Quantity |
|------------|---|----------|-------|---------------|--------------|----------|
| 10/29/2019 | Michigan State University                 | Lansing  | MI    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 10/29/2019 | Childrens Hospital University of Illinois | Chicago  | IL    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 10/29/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 11/25/2019 | Sanford Health                            | Fargo    | ND    |               |              | 1        |
| 11/25/2019 | Sanford Health                            | Fargo    | ND    |               |              | 1        |
| 11/25/2019 | Sanford Health                            | Fargo    | ND    |               |              | 1        |
| 11/25/2019 | Sanford Health                            | Fargo    | ND    |               |              | 1        |
| 11/25/2019 | Sanford Health                            | Fargo    | ND    |               |              | 1        |
| 11/25/2019 | Mission Hospital                          | Ashville | NC    |               |              | 1        |
| 11/25/2019 | Florida Childrens Hospital                | Orlando  | FL    |               |              | 1        |
| 11/25/2019 | University Medical Center                 | Tucson   | AZ    |               |              | 1        |
| 11/25/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 11/25/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 11/25/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 11/25/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |
| 11/25/2019 | Cottage Childrens Medical Center          | Goleta   | CA    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                  | City                  | State | Social Worker | Child's Name | Quantity |
|------------|---------------------------------------|-----------------------|-------|---------------|--------------|----------|
| 11/25/2019 | Cardinal Glennon Childrens Medical    | Saint Louis           | MO    |               |              | 1        |
| 11/25/2019 | East tn Children's Hosp               | Knoxville             | TN    |               |              | 1        |
| 11/25/2019 | East tn Children's Hosp               | Knoxville             | TN    |               |              | 1        |
| 11/25/2019 | East tn Children's Hosp               | Knoxville             | TN    |               |              | 1        |
| 11/25/2019 | East tn Children's Hosp               | Knoxville             | TN    |               |              | 1        |
| 11/25/2019 | Kalispell Regional Healthcare         | Kalispell             | MT    |               |              | 1        |
| 11/25/2019 | Kalispell Regional Healthcare         | Kalispell             | MT    |               |              | 1        |
| 11/25/2019 | Brooke Army Medical Center            | JBSA Fort Sam Houston | TX    |               |              | 1        |
| 11/25/2019 | Brooke Army Medical Center            | JBSA Fort Sam Houston | TX    |               |              | 1        |
| 11/25/2019 | Brooke Army Medical Center            | JBSA Fort Sam Houston | TX    |               |              | 1        |
| 11/25/2019 | Levine Children's Hospital            | Charlotte.            | NC    |               |              | 1        |
| 11/25/2019 | Hasbro Children's Hospital            | Providence            | RI    |               |              | 1        |
| 11/25/2019 | Hasbro Children's Hospital            | Providence            | RI    |               |              | 1        |
| 11/25/2019 | Hasbro Children's Hospital            | Providence            | RI    |               |              | 1        |
| 11/25/2019 | Hasbro Children's Hospital            | Providence            | RI    |               |              | 1        |
| 11/25/2019 | Ventura Country Medical Center - VCMC | Ventura               | CA    |               |              | 1        |
| 11/25/2019 | Levine Children's Hospital            | Charlotte.            | NC    |               |              | 1        |
| 11/25/2019 | Levine Children's Hospital            | Charlotte.            | NC    |               |              | 1        |
| 11/25/2019 | Cohen's Children's Hospital           | New Hyde              | NY    |               |              | 1        |
| 11/25/2019 | MUSC Children's Hospital              | Charleston            | SC    |               |              | 1        |
| 11/25/2019 | MUSC Children's Hospital              | Charleston            | SC    |               |              | 1        |
| 11/25/2019 | Cardinal Glennon Childrens Medical    | Saint Louis           | MO    |               |              | 1        |
| 01/27/2020 | Kids Cancer Foundation                | Palm Beach            | FL    |               |              | 1        |
| 01/27/2020 | Kids Cancer Foundation                | Palm Beach            | FL    |               |              | 1        |
| 01/27/2020 | Kids Cancer Foundation                | Palm Beach            | FL    |               |              | 1        |
| 01/27/2020 | Kids Cancer Foundation                | Palm Beach            | FL    |               |              | 1        |
| 01/27/2020 | Kids Cancer Foundation                | Palm Beach            | FL    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

Social

Worker

| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 01/27/2020 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 01/27/2020 | Carilion Childrens Hospital               | Roanoke     | VA    |               |              | 1        |
| 01/27/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 01/27/2020 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Hasbro Children's Hospital                | Providence  | RI    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 01/27/2020 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 01/27/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 01/27/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 01/27/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Cancer Institute of New Jersey            | Hopewell    | NJ    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 01/27/2020 | Sacred Heart Children's Hospital          | Spokane     | WA    |               |              | 1        |
| 01/27/2020 | Sacred Heart Children's Hospital          | Spokane     | WA    |               |              | 1        |
| 01/27/2020 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 01/27/2020 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 01/27/2020 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 05/13/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 05/13/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |

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## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 05/13/2020 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 05/13/2020 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 05/13/2020 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 05/13/2020 | Advocate Childrens Hospital               | Park Ridge  | IL    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 05/13/2020 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 05/13/2020 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 05/13/2020 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 05/13/2020 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 05/13/2020 | Childrens Hospital of Omaha               | Omaha       | NE    |               |              | 1        |
| 05/13/2020 | Hasbro Children's Hospital                | Providence  | RI    |               |              | 1        |
| 05/13/2020 | Hasbro Children's Hospital                | Providence  | RI    |               |              | 1        |
| 05/13/2020 | Hasbro Children's Hospital                | Providence  | RI    |               |              | 1        |
| 05/13/2020 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 05/13/2020 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 05/13/2020 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 05/13/2020 | Cohen's Children's Hospital               | New Hyde    | NY    |               |              | 1        |
| 05/13/2020 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 05/13/2020 | Nationwide Children's Hospital            | Columbus    | OH    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 05/13/2020 | Golisano Childrens Hospital of SW Florida | Fort Meyers | FL    |               |              | 1        |
| 05/13/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 05/13/2020 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |



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January 1, 2019 through September 2, 2022

| Date       | Name   | City       | State | Social Worker | Child's Name | Quantity |
|------------|--|------------|-------|---------------|--------------|----------|
| 05/13/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 05/13/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 05/13/2020 | Mission Hospital                             | Ashville   | NC    |               |              | 1        |
| 05/13/2020 | Mission Hospital                             | Ashville   | NC    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 05/13/2020 | Hasbro Children's Hospital                   | Providence | RI    |               |              | 1        |
| 05/13/2020 | UMass Memorial Children's                    | Worcester  | MA    |               |              | 1        |
| 05/13/2020 | UMass Memorial Children's                    | Worcester  | MA    |               |              | 1        |
| 05/13/2020 | UMass Memorial Children's                    | Worcester  | MA    |               |              | 1        |
| 05/13/2020 | UMass Memorial Children's                    | Worcester  | MA    |               |              | 1        |
| 07/07/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 07/07/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 07/07/2020 | New York Presbyt. - Weill<br>Cornell Medical | New York   | NY    |               |              | 1        |
| 07/07/2020 | University Medical Center                    | Tucson     | AZ    |               |              | 1        |
| 07/07/2020 | University Medical Center                    | Tucson     | AZ    |               |              | 1        |
| 07/07/2020 | University Medical Center                    | Tucson     | AZ    |               |              | 1        |
| 07/07/2020 | Levine Children's Hospital                   | Charlotte. | NC    |               |              | 1        |
| 07/07/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                               | Fargo      | ND    |               |              | 1        |

CLF Program Services

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January 1, 2019 through September 2, 2022

| Date       | Name                                      | City              | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------------|-------|---------------|--------------|----------|
| 07/07/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Kids Cancer Foundation                    | Palm Beach        | FL    |               |              | 1        |
| 07/07/2020 | Kids Cancer Foundation                    | Palm Beach        | FL    |               |              | 1        |
| 07/07/2020 | Kids Cancer Foundation                    | Palm Beach        | FL    |               |              | 1        |
| 07/07/2020 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Prisma Health - Columbia                  | Columbia          | SC    |               |              | 1        |
| 07/07/2020 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 07/07/2020 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/07/2020 | Lurie Children's Hospital                 | Chicago           | IL    |               |              | 1        |
| 07/07/2020 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/07/2020 | Mary Bridge Childrens Hospital            | Tacoma            | WA    |               |              | 1        |
| 07/07/2020 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/07/2020 | Childrens Hospital of Orange County       | Orange            | CA    |               |              | 1        |
| 07/07/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 07/07/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 07/07/2020 | Mission Hospital                          | Ashville          | NC    |               |              | 1        |
| 07/07/2020 | Hasbro Children's Hospital                | Providence        | RI    |               |              | 1        |
| 07/07/2020 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |

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| Date       | Name                                      | City       | State | Social Worker | Child's Name | Quantity |
|------------|---|------------|-------|---------------|--------------|----------|
| 08/05/2020 | Childrens Hospital University of Illinois | Chicago    | IL    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Ventura Country Medical Center - VCMC     | Ventura    | CA    |               |              | 1        |
| 08/05/2020 | Sanford Health                            | Fargo      | ND    |               |              | 1        |
| 08/05/2020 | Ventura Country Medical Center - VCMC     | Ventura    | CA    |               |              | 1        |
| 08/05/2020 | Ventura Country Medical Center - VCMC     | Ventura    | CA    |               |              | 1        |
| 08/05/2020 | Ventura Country Medical Center - VCMC     | Ventura    | CA    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Hasbro Children's Hospital                | Providence | RI    |               |              | 1        |
| 08/05/2020 | Hasbro Children's Hospital                | Providence | RI    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Levine Children's Hospital                | Charlotte. | NC    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/05/2020 | Newark Beth Israel Medical Center         | Newark     | NJ    |               |              | 1        |
| 08/10/2020 | Sanford Health                            | Fargo      | ND    |               |              | 1        |
| 08/10/2020 | Sanford Health                            | Fargo      | ND    |               |              | 1        |

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## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                      | City         | State | Social Worker | Child's Name | Quantity |
|------------|---|--------------|-------|---------------|--------------|----------|
| 08/10/2020 | Sanford Health                            | Fargo        | ND    |               |              | 1        |
| 08/10/2020 | Sanford Health                            | Fargo        | ND    |               |              | 1        |
| 08/10/2020 | Sanford Health                            | Fargo        | ND    |               |              | 1        |
| 08/10/2020 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 08/10/2020 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 08/10/2020 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 08/10/2020 | Oishei Childrens Hospital                 | Buffalo      | NY    |               |              | 1        |
| 08/10/2020 | Rocky Mountain Hospital for Children      | Denver       | CO    |               |              | 1        |
| 08/10/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 08/10/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 08/10/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/05/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/05/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/05/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/05/2020 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 10/05/2020 | Riley hospital for children               | indianapolis | IN    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 10/05/2020 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 10/05/2020 | Kids Cancer Foundation                    | Palm Beach   | FL    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital       | Mobile       | AL    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 10/05/2020 | Childrens Hospital University of Illinois | Chicago      | IL    |               |              | 1        |
| 10/05/2020 | Sanford Health - Bismark                  | Bismark      | ND    |               |              | 1        |
| 10/05/2020 | Sanford Health - Bismark                  | Bismark      | ND    |               |              | 1        |
| 10/05/2020 | Sanford Health - Bismark                  | Bismark      | ND    |               |              | 1        |

January 1, 2019 through September 2, 2022

| Date       | Name                                | City        | State | Social Worker | Child's Name | Quantity |
|------------|-------------------------------------|-------------|-------|---------------|--------------|----------|
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | University Health System            | San Antonio | TX    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital | Mobile      | AL    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital | Mobile      | AL    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital | Mobile      | AL    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital | Mobile      | AL    |               |              | 1        |
| 10/05/2020 | Hasbro Children's Hospital          | Providence  | RI    |               |              | 1        |
| 10/05/2020 | Hasbro Children's Hospital          | Providence  | RI    |               |              | 1        |
| 10/05/2020 | Carilion Childrens Hospital         | Roanoke     | VA    |               |              | 1        |
| 10/05/2020 | University Medical Center           | Tucson      | AZ    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical  | Saint Louis | MO    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical  | Saint Louis | MO    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical  | Saint Louis | MO    |               |              | 1        |
| 10/05/2020 | Cardinal Glennon Childrens Medical  | Saint Louis | MO    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 10/05/2020 | USA Children's and Women's Hospital | Mobile      | AL    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 10/05/2020 | Carilion Childrens Hospital         | Roanoke     | VA    |               |              | 1        |
| 10/05/2020 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |
| 10/05/2020 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |
| 10/05/2020 | Maimonides of Brooklyn              | Brooklyn    | NY    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital          | Charlotte.  | NC    |               |              | 1        |

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| Date       | Name                               | City                  | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|-----------------------|-------|---------------|--------------|----------|
| 10/05/2020 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 10/05/2020 | Levine Children's Hospital         | Charlotte.            | NC    |               |              | 1        |
| 11/16/2020 | Rady Children's Hospital           | san diego             | CA    |               |              | 1        |
| 11/16/2020 | MUSC Children's Hospital           | Charleston            | SC    |               |              | 1        |
| 11/16/2020 | MUSC Children's Hospital           | Charleston            | SC    |               |              | 1        |
| 11/16/2020 | MUSC Children's Hospital           | Charleston            | SC    |               |              | 1        |
| 11/16/2020 | Prisma Health - Columbia           | Columbia              | SC    |               |              | 1        |
| 11/16/2020 | Prisma Health - Columbia           | Columbia              | SC    |               |              | 1        |
| 11/16/2020 | Prisma Health - Columbia           | Columbia              | SC    |               |              | 1        |
| 11/16/2020 | Prisma Health - Columbia           | Columbia              | SC    |               |              | 1        |
| 11/16/2020 | Prisma Health - Columbia           | Columbia              | SC    |               |              | 1        |
| 11/16/2020 | University Medical Center          | Tucson                | AZ    |               |              | 1        |
| 11/16/2020 | Sanford Health - Bismark           | Bismark               | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                     | Fargo                 | ND    |               |              | 1        |
| 11/16/2020 | Cardinal Glennon Childrens Medical | Saint Louis           | MO    |               |              | 1        |
| 11/16/2020 | Brooke Army Medical Center         | JBSA Fort Sam Houston | TX    |               |              | 1        |
| 11/16/2020 | Cardinal Glennon Childrens Medical | Saint Louis           | MO    |               |              | 1        |
| 11/16/2020 | Carilion Childrens Hospital        | Roanoke               | VA    |               |              | 1        |
| 11/16/2020 | Cottage Childrens Medical Center   | Goleta                | CA    |               |              | 1        |
| 11/16/2020 | Cottage Childrens Medical Center   | Goleta                | CA    |               |              | 1        |
| 11/16/2020 | Cottage Childrens Medical Center   | Goleta                | CA    |               |              | 1        |
| 11/16/2020 | Cottage Childrens Medical Center   | Goleta                | CA    |               |              | 1        |
| 11/16/2020 | Cottage Childrens Medical Center   | Goleta                | CA    |               |              | 1        |

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| Date       | Name                                      | City              | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------------|-------|---------------|--------------|----------|
| 11/16/2020 | Children's Healthcare of Atlanta/Egleston | Atlanta, GA.30322 |       |               |              | 1        |
| 11/16/2020 | Sanford Health - Bismark                  | Bismark           | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 11/16/2020 | Sanford Health                            | Fargo             | ND    |               |              | 1        |
| 11/16/2020 | Mission Hospital                          | Ashville          | NC    |               |              | 1        |
| 11/16/2020 | Cardinal Glennon Childrens Medical        | Saint Louis       | MO    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | USA Children's and Women's Hospital       | Mobile            | AL    |               |              | 1        |
| 11/16/2020 | Childrens Hospital University of Illinois | Chicago           | IL    |               |              | 1        |
| 11/16/2020 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 11/16/2020 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 11/16/2020 | Mission Hospital                          | Ashville          | NC    |               |              | 1        |
| 11/16/2020 | Cincinnati Children's Hospital            | Cincinnati        | OH    |               |              | 1        |
| 11/16/2020 | Children's Hospital of Central Calif.     | Madera            | CA    |               |              | 1        |
| 11/16/2020 | Cincinnati Children's Hospital            | Cincinnati        | OH    |               |              | 1        |
| 11/16/2020 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 11/16/2020 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 11/17/2020 | Sanford Health - Bismark                  | Bismark           | ND    |               |              | 1        |
| 11/17/2020 | Sanford Health - Bismark                  | Bismark           | ND    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

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| Date       | Name                                 | City         | State | Social Worker | Child's Name | Quantity |
|------------|--------------------------------------|--------------|-------|---------------|--------------|----------|
| 12/02/2020 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 12/02/2020 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 12/02/2020 | Mission Hospital                     | Ashville     | NC    |               |              | 1        |
| 12/02/2020 | Childrens Hospital of Philly         | Philadelphia | PA    |               |              | 1        |
| 01/29/2021 | Cincinnati Children's Hospital       | Cincinnati   | OH    |               |              | 1        |
| 01/29/2021 | Cincinnati Children's Hospital       | Cincinnati   | OH    |               |              | 1        |
| 01/29/2021 | Cincinnati Children's Hospital       | Cincinnati   | OH    |               |              | 1        |
| 01/29/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 01/29/2021 | Hasbro Children's Hospital           | Providence   | RI    |               |              | 1        |
| 01/29/2021 | Hasbro Children's Hospital           | Providence   | RI    |               |              | 1        |
| 01/29/2021 | Children's Hospital & Medical Center | Omaha        | NE    |               |              | 1        |
| 01/29/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 01/29/2021 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 01/29/2021 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 01/29/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 01/29/2021 | Mission Hospital                     | Ashville     | NC    |               |              | 1        |
| 01/29/2021 | Mission Hospital                     | Ashville     | NC    |               |              | 1        |
| 01/29/2021 | Hasbro Children's Hospital           | Providence   | RI    |               |              | 1        |
| 01/29/2021 | Hasbro Children's Hospital           | Providence   | RI    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 04/08/2021 | Children's Hospital & Medical Center | Omaha        | NE    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 04/08/2021 | University Medical Center            | Tucson       | AZ    |               |              | 1        |

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| Date       | Name                                 | City        | State | Social Worker | Child's Name | Quantity |
|------------|--------------------------------------|-------------|-------|---------------|--------------|----------|
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Children's Hospital & Medical Center | Omaha       | NE    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 04/08/2021 | Cincinnati Children's Hospital       | Cincinnati  | OH    |               |              | 1        |
| 04/08/2021 | Cincinnati Children's Hospital       | Cincinnati  | OH    |               |              | 1        |
| 04/08/2021 | Cincinnati Children's Hospital       | Cincinnati  | OH    |               |              | 1        |
| 04/08/2021 | Mission Hospital                     | Ashville    | NC    |               |              | 1        |
| 04/08/2021 | Sanford Health                       | Fargo       | ND    |               |              | 1        |
| 04/08/2021 | Sanford Health                       | Fargo       | ND    |               |              | 1        |
| 04/08/2021 | Sanford Health                       | Fargo       | ND    |               |              | 1        |
| 04/08/2021 | Sanford Health                       | Fargo       | ND    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 04/08/2021 | University Medical Center            | Tucson      | AZ    |               |              | 1        |
| 04/08/2021 | Cincinnati Children's Hospital       | Cincinnati  | OH    |               |              | 1        |
| 04/08/2021 | University Medical Center            | Tucson      | AZ    |               |              | 1        |
| 04/08/2021 | Sanford Health - Bismark             | Bismark     | ND    |               |              | 1        |
| 04/08/2021 | Sanford Health - Bismark             | Bismark     | ND    |               |              | 1        |
| 04/08/2021 | Sanford Health - Bismark             | Bismark     | ND    |               |              | 1        |
| 04/08/2021 | Cincinnati Children's Hospital       | Cincinnati  | OH    |               |              | 1        |
| 04/08/2021 | Shands Health Care                   | Gainesville | FL    |               |              | 1        |
| 04/08/2021 | Shands Health Care                   | Gainesville | FL    |               |              | 1        |

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| Date       | Name                               | City         | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|--------------|-------|---------------|--------------|----------|
| 04/08/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 04/08/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/08/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 04/08/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 04/28/2021 | Mission Hospital                   | Ashville     | NC    |               |              | 1        |
| 04/28/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/28/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/28/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Levine Children's Hospital         | Charlotte.   | NC    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Hasbro Children's Hospital         | Providence   | RI    |               |              | 1        |
| 04/28/2021 | Hasbro Children's Hospital         | Providence   | RI    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Mission Hospital                   | Ashville     | NC    |               |              | 1        |
| 04/28/2021 | Mission Hospital                   | Ashville     | NC    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 04/28/2021 | Maimonides of Brooklyn             | Brooklyn     | NY    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

Social

Worker

| Date       | Name                               | City         | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|--------------|-------|---------------|--------------|----------|
| 04/28/2021 | Oishei Childrens Hospital          | Buffalo      | NY    |               |              | 1        |
| 04/28/2021 | University Medical Center          | Tucson       | AZ    |               |              | 1        |
| 04/28/2021 | Levine Children's Hospital         | Charlotte.   | NC    |               |              | 1        |
| 04/28/2021 | Mission Hospital                   | Ashville     | NC    |               |              | 1        |
| 04/28/2021 | University Medical Center          | Tucson       | AZ    |               |              | 1        |
| 04/28/2021 | MUSC Children's Hospital           | Charleston   | SC    |               |              | 1        |
| 04/28/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 04/28/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/28/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/29/2021 | Ochsner Medical Center Clinic      | New Orleans  | LA    |               |              | 1        |
| 04/29/2021 | Ochsner Medical Center Clinic      | New Orleans  | LA    |               |              | 1        |
| 04/29/2021 | Ochsner Medical Center Clinic      | New Orleans  | LA    |               |              | 1        |
| 04/29/2021 | Hasbro Children's Hospital         | Providence   | RI    |               |              | 1        |
| 04/29/2021 | Hasbro Children's Hospital         | Providence   | RI    |               |              | 1        |
| 04/30/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/30/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 04/30/2021 | University Medical Center          | Tucson       | AZ    |               |              | 1        |
| 05/27/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Sanford Health - Bismark           | Bismark      | ND    |               |              | 1        |

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| Date       | Name                               | City         | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|--------------|-------|---------------|--------------|----------|
| 05/27/2021 | Sanford Health - Bismark           | Bismark      | ND    |               |              | 1        |
| 05/27/2021 | Sanford Health - Bismark           | Bismark      | ND    |               |              | 1        |
| 05/27/2021 | St. Joseph's Children's Hospital   | Tampa        | FL    |               |              | 1        |
| 05/27/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 05/27/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 05/27/2021 | Advocate Hope Children's Hospital  | Oak Lawn     | IL    |               |              | 1        |
| 05/27/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 05/27/2021 | Peyton Manning Childrens Hospital  | Indianapolis | IN    |               |              | 1        |
| 05/27/2021 | University Medical Center          | Tucson       | AZ    |               |              | 1        |
| 05/27/2021 | Cincinnati Children's Hospital     | Cincinnati   | OH    |               |              | 1        |
| 05/27/2021 | Cincinnati Children's Hospital     | Cincinnati   | OH    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Michigan State University          | Lansing      | MI    |               |              | 1        |
| 05/27/2021 | Cardinal Glennon Childrens Medical | Saint Louis  | MO    |               |              | 1        |
| 05/27/2021 | St. Joseph's Children's Hospital   | Tampa        | FL    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | Mercy Children's Hospital          | Toledo       | OH    |               |              | 1        |
| 06/24/2021 | Mercy Children's Hospital          | Toledo       | OH    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester    | MA    |               |              | 1        |

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| Date       | Name                               | City        | State | Social Worker | Child's Name | Quantity |
|------------|------------------------------------|-------------|-------|---------------|--------------|----------|
| 06/24/2021 | UMass Memorial Children's          | Worcester   | MA    |               |              | 1        |
| 06/24/2021 | UMass Memorial Children's          | Worcester   | MA    |               |              | 1        |
| 06/24/2021 | MSU Hematology/Oncology            | Lansing     | MI    |               |              | 1        |
| 06/24/2021 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 06/24/2021 | Mission Hospital                   | Ashville    | NC    |               |              | 1        |
| 06/24/2021 | Children's Hospital & Clinic of MN | Minneapolis | MN    |               |              | 1        |
| 06/24/2021 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 06/24/2021 | Mission Hospital                   | Ashville    | NC    |               |              | 1        |
| 06/24/2021 | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1        |
| 08/19/2021 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/25/2021 | University Medical Center          | Tucson      | AZ    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia           | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia           | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia           | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | University of New Mexico           | Albuquerque | NM    |               |              | 1        |
| 08/25/2021 | University of New Mexico           | Albuquerque | NM    |               |              | 1        |
| 08/25/2021 | Sanford Health - Bismark           | Bismark     | ND    |               |              | 1        |
| 08/25/2021 | University Medical Center          | Tucson      | AZ    |               |              | 1        |
| 08/25/2021 | Nationwide Children's Hospital     | Columbus    | OH    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1        |
| 08/25/2021 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/25/2021 | Carilion Childrens Hospital        | Roanoke     | VA    |               |              | 1        |
| 08/25/2021 | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1        |
| 08/25/2021 | MSU Hematology/Oncology            | Lansing     | MI    |               |              | 1        |
| 08/25/2021 | MSU Hematology/Oncology            | Lansing     | MI    |               |              | 1        |
| 08/25/2021 | Hasbro Children's Hospital         | Providence  | RI    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date       | Name                                 | City        | State | Social Worker | Child's Name | Quantity |
|------------|--------------------------------------|-------------|-------|---------------|--------------|----------|
| 08/25/2021 | Hasbro Children's Hospital           | Providence  | RI    |               |              | 1        |
| 08/25/2021 | Hasbro Children's Hospital           | Providence  | RI    |               |              | 1        |
| 08/25/2021 | University Medical Center            | Tucson      | AZ    |               |              | 1        |
| 08/25/2021 | University Medical Center            | Tucson      | AZ    |               |              | 1        |
| 08/25/2021 | University Medical Center            | Tucson      | AZ    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 08/25/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 08/25/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Prisma Health - Columbia             | Columbia    | SC    |               |              | 1        |
| 08/25/2021 | Children's Hospital & Medical Center | Omaha       | NE    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 08/25/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 08/31/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 08/31/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 10/20/2021 | Cook Childrens Medical Center        | Fort Worth  | TX    |               |              | 1        |
| 10/20/2021 | University of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 10/20/2021 | Carilion Childrens Hospital          | Roanoke     | VA    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital           | Charlotte.  | NC    |               |              | 1        |
| 10/20/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |
| 10/20/2021 | Cardinal Glennon Childrens Medical   | Saint Louis | MO    |               |              | 1        |

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January 1, 2019 through September 2, 2022

| Date       | Name                                      | City         | State | Social Worker | Child's Name | Quantity |
|------------|---|--------------|-------|---------------|--------------|----------|
| 10/20/2021 | Penn State Milton S. Hersey Medical Cente | Hersey       | PA    |               |              | 1        |
| 10/20/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 10/20/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 10/20/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 10/20/2021 | University of New Mexico                  | Albuquerque  | NM    |               |              | 1        |
| 10/20/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/20/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/20/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/20/2021 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 10/27/2021 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 10/27/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/27/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |
| 10/27/2021 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 10/27/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 10/27/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Sanford Health                            | Fargo        | ND    |               |              | 1        |
| 12/02/2021 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 12/02/2021 | Cardinal Glennon Childrens Medical        | Saint Louis  | MO    |               |              | 1        |
| 12/02/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 12/02/2021 | Levine Children's Hospital                | Charlotte.   | NC    |               |              | 1        |
| 12/02/2021 | University Medical Center                 | Tucson       | AZ    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital         | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Prisma Health - Columbia                  | Columbia     | SC    |               |              | 1        |

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January 1, 2019 through September 2, 2022

| Date       | Name   | City         | State | Social Worker | Child's Name | Quantity |
|------------|--|--------------|-------|---------------|--------------|----------|
| 12/02/2021 | Prisma Health - Columbia                             | Columbia     | SC    |               |              | 1        |
| 12/02/2021 | University of New Mexico                             | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Cardinal Glennon Childrens Medical                   | Saint Louis  | MO    |               |              | 1        |
| 12/02/2021 | Levine Children's Hospital                           | Charlotte.   | NC    |               |              | 1        |
| 12/02/2021 | University of New Mexico                             | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Sanford Health                                       | Fargo        | ND    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital                    | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Levine Children's Hospital                           | Charlotte.   | NC    |               |              | 1        |
| 12/02/2021 | Levine Children's Hospital                           | Charlotte.   | NC    |               |              | 1        |
| 12/02/2021 | Phoenix Childrens Hospital                           | Phoenix      | AZ    |               |              | 1        |
| 12/02/2021 | Phoenix Childrens Hospital                           | Phoenix      | AZ    |               |              | 1        |
| 12/02/2021 | Phoenix Childrens Hospital                           | Phoenix      | AZ    |               |              | 1        |
| 12/02/2021 | Phoenix Childrens Hospital                           | Phoenix      | AZ    |               |              | 1        |
| 12/02/2021 | Presbyterian Hospital                                | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Presbyterian Hospital                                | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Presbyterian Hospital                                | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Presbyterian Hospital                                | Albuquerque  | NM    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital                    | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital                    | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital                    | Indianapolis | IN    |               |              | 1        |
| 12/02/2021 | Peyton Manning Childrens Hospital                    | Indianapolis | IN    |               |              | 1        |
| 12/07/2021 | Doernbecher Children's Childhood Leukemia Foundation | Portland     | OR    |               |              | 1        |
| 12/07/2021 | Childhood Leukemia Foundation                        | Brick        | NJ    |               |              | 1        |
| 12/07/2021 | Childhood Leukemia Foundation                        | Brick        | NJ    |               |              | 1        |
| 12/07/2021 | Childhood Leukemia Foundation                        | Brick        | NJ    |               |              | 1        |
| 12/07/2021 | Childhood Leukemia Foundation                        | Brick        | NJ    |               |              | 1        |
| 12/07/2021 | Childhood Leukemia Foundation                        | Brick        | NJ    |               |              | 1        |

| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 12/07/2021 | Childhood Leukemia Foundation             | Brick       | NJ    |               |              | 1        |
| 02/10/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 02/10/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 02/10/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 02/10/2022 | Childrens Hospital of New Orleans         | New Orleans | LA    |               |              | 1        |
| 02/10/2022 | Childrens Hospital of New Orleans         | New Orleans | LA    |               |              | 1        |
| 02/10/2022 | Childrens Hospital of New Orleans         | New Orleans | LA    |               |              | 1        |
| 02/10/2022 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 02/10/2022 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 02/10/2022 | Penn State Milton S. Hersey Medical Cente | Hersey      | PA    |               |              | 1        |
| 02/10/2022 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 02/10/2022 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 02/10/2022 | Prisma Health - Columbia                  | Columbia    | SC    |               |              | 1        |
| 02/10/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 02/10/2022 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 02/10/2022 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 02/10/2022 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 02/10/2022 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 02/10/2022 | Sanford Health                            | Fargo       | ND    |               |              | 1        |
| 02/10/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 02/10/2022 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 02/10/2022 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 02/10/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 02/10/2022 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 02/10/2022 | University of New Mexico                  | Albuquerque | NM    |               |              | 1        |
| 02/10/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation                    | Palm Beach  | FL    |               |              | 1        |

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| Date       | Name                             | City        | State | Social Worker | Child's Name | Quantity |
|------------|----------------------------------|-------------|-------|---------------|--------------|----------|
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 02/15/2022 | Kids Cancer Foundation           | Palm Beach  | FL    |               |              | 1        |
| 04/12/2022 | Arkansas Childrens Hospital      | Little Rock | AK    |               |              | 1        |
| 04/12/2022 | Arkansas Childrens Hospital      | Little Rock | AK    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | University Medical Center        | Tucson      | AZ    |               |              | 1        |
| 04/12/2022 | Cottage Childrens Medical Center | Goleta      | CA    |               |              | 1        |
| 04/12/2022 | Cottage Childrens Medical Center | Goleta      | CA    |               |              | 1        |
| 04/12/2022 | Cottage Childrens Medical Center | Goleta      | CA    |               |              | 1        |
| 04/12/2022 | Cottage Childrens Medical Center | Goleta      | CA    |               |              | 1        |



January 1, 2019 through September 2, 2022

| Date       | Name                                 | City         | State | Social Worker | Child's Name | Quantity |
|------------|--------------------------------------|--------------|-------|---------------|--------------|----------|
| 04/12/2022 | Prisma Health - Columbia             | Columbia     | SC    |               |              | 1        |
| 04/12/2022 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 04/12/2022 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/12/2022 | Childrens Hospital of Orange County  | Orange       | CA    |               |              | 1        |
| 04/12/2022 | University of New Mexico             | Albuquerque  | NM    |               |              | 1        |
| 04/12/2022 | Presbyterian Hospital                | Albuquerque  | NM    |               |              | 1        |
| 04/12/2022 | Presbyterian Hospital                | Albuquerque  | NM    |               |              | 1        |
| 04/12/2022 | Presbyterian Hospital                | Albuquerque  | NM    |               |              | 1        |
| 04/12/2022 | University of New Mexico             | Albuquerque  | NM    |               |              | 1        |
| 04/12/2022 | Mission Hospital                     | Ashville     | NC    |               |              | 1        |
| 04/12/2022 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 04/12/2022 | Childrens Hospital of Orange County  | Orange       | CA    |               |              | 1        |
| 04/12/2022 | Children's Hospital & Medical Center | Omaha        | NE    |               |              | 1        |
| 04/12/2022 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/12/2022 | Levine Children's Hospital           | Charlotte.   | NC    |               |              | 1        |
| 04/12/2022 | Morristown Memorial Hospital         | Morristown   | NJ    |               |              | 1        |
| 04/12/2022 | Levine Children's Hospital           | Charlotte.   | NC    |               |              | 1        |
| 04/12/2022 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/12/2022 | University Medical Center            | Tucson       | AZ    |               |              | 1        |
| 04/12/2022 | Peyton Manning Childrens Hospital    | Indianapolis | IN    |               |              | 1        |
| 04/12/2022 | Shands Health Care                   | Gainesville  | FL    |               |              | 1        |
| 04/12/2022 | Cardinal Glennon Childrens Medical   | Saint Louis  | MO    |               |              | 1        |
| 04/12/2022 | Peyton Manning Childrens Hospital    | Indianapolis | IN    |               |              | 1        |
| 05/16/2022 | Kids Cancer Foundation               | Palm Beach   | FL    |               |              | 1        |
| 05/16/2022 | Kids Cancer Foundation               | Palm Beach   | FL    |               |              | 1        |
| 05/16/2022 | Kids Cancer Foundation               | Palm Beach   | FL    |               |              | 1        |
| 05/16/2022 | Kids Cancer Foundation               | Palm Beach   | FL    |               |              | 1        |



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| Date       | Name                                      | City              | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------------|-------|---------------|--------------|----------|
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 05/16/2022 | Mission Hospital                          | Ashville          | NC    |               |              | 1        |
| 05/16/2022 | Cardinal Glennon Childrens Medical        | Saint Louis       | MO    |               |              | 1        |
| 05/16/2022 | Maimonides of Brooklyn                    | Brooklyn          | NY    |               |              | 1        |
| 05/16/2022 | Maimonides of Brooklyn                    | Brooklyn          | NY    |               |              | 1        |
| 05/16/2022 | Maimonides of Brooklyn                    | Brooklyn          | NY    |               |              | 1        |
| 05/16/2022 | Childrens Hospital of Orange County       | Orange            | CA    |               |              | 1        |
| 07/19/2022 | Peyton Manning Childrens Hospital         | Indianapolis      | IN    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 07/19/2022 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/19/2022 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.        | NC    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis       | MO    |               |              | 1        |
| 07/19/2022 | Sanford Health - Fargo                    | Fargo             | ND    |               |              | 1        |
| 07/19/2022 | University of New Mexico                  | Albuquerque       | NM    |               |              | 1        |
| 07/19/2022 | Childrens Hospital University of Illinois | Chicago           | IL    |               |              | 1        |
| 07/19/2022 | Peyton Manning Childrens Hospital         | Indianapolis      | IN    |               |              | 1        |
| 07/19/2022 | University Medical Center                 | Tucson            | AZ    |               |              | 1        |
| 07/19/2022 | Children's Healthcare of Atlanta/Egleston | Altanta, GA.30322 |       |               |              | 1        |

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| Date       | Name                                      | City        | State | Social Worker | Child's Name | Quantity |
|------------|---|-------------|-------|---------------|--------------|----------|
| 07/19/2022 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 07/19/2022 | Childrens Hospital University of Illinois | Chicago     | IL    |               |              | 1        |
| 07/19/2022 | IU Health North                           | Carmel      | IN    |               |              | 1        |
| 07/19/2022 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 07/19/2022 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 07/19/2022 | Childrens Hospital of Orange County       | Orange      | CA    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/19/2022 | Mission Hospital                          | Ashville    | NC    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/19/2022 | University Medical Center                 | Tucson      | AZ    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Levine Children's Hospital                | Charlotte.  | NC    |               |              | 1        |
| 07/19/2022 | Cardinal Glennon Childrens Medical        | Saint Louis | MO    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University                 | Lansing     | MI    |               |              | 1        |

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| Date       | Name                           | City        | State | Social Worker | Child's Name | Quantity |
|------------|--------------------------------|-------------|-------|---------------|--------------|----------|
| 07/19/2022 | Michigan State University      | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Michigan State University      | Lansing     | MI    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/19/2022 | Sanford Health - Bismark       | Bismark     | ND    |               |              | 1        |
| 07/26/2022 | Cancer Institute of New Jersey | Hopewell    | NJ    |               |              | 1        |
| 07/26/2022 | Levine Children's Hospital     | Charlotte.  | NC    |               |              | 1        |
| 08/31/2022 | Univ of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 08/31/2022 | Univ of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Prisma Health - Columbia       | Columbia    | SC    |               |              | 1        |
| 08/31/2022 | Univ of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 08/31/2022 | Univ of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 08/31/2022 | Univ of New Mexico             | Albuquerque | NM    |               |              | 1        |
| 08/31/2022 | University of New Mexico       | Albuquerque | NM    |               |              | 1        |

### CLF Program Services

## Transaction Detail By Account

January 1, 2019 through September 2, 2022

| Date                         | Name                               | City        | State | Social Worker | Child's Name | Quantity    |
|------------------------------|------------------------------------|-------------|-------|---------------|--------------|-------------|
| 08/31/2022                   | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1           |
| 08/31/2022                   | University Medical Center          | Tucson      | AZ    |               |              | 1           |
| 08/31/2022                   | University Medical Center          | Tucson      | AZ    |               |              | 1           |
| 08/31/2022                   | Maimonides of Brooklyn             | Brooklyn    | NY    |               |              | 1           |
| 08/31/2022                   | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1           |
| 08/31/2022                   | Levine Children's Hospital         | Charlotte.  | NC    |               |              | 1           |
| 08/31/2022                   | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1           |
| 08/31/2022                   | Cardinal Glennon Childrens Medical | Saint Louis | MO    |               |              | 1           |
| <b>Total Patients Served</b> |                                    |             |       |               |              | <b>1085</b> |

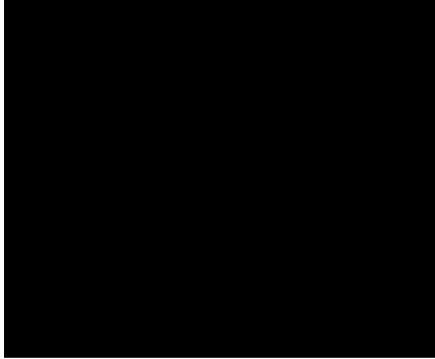
# EXHIBIT 7

**From:** [no-reply@clf4kids.org](mailto:no-reply@clf4kids.org)  
**To:** [contact](#)  
**Subject:** Wish Basket  
**Date:** Wednesday, November 20, 2019 12:13:51 PM

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Cost Center: 37032362

**Health Professional Information**



**Child 1 Information**

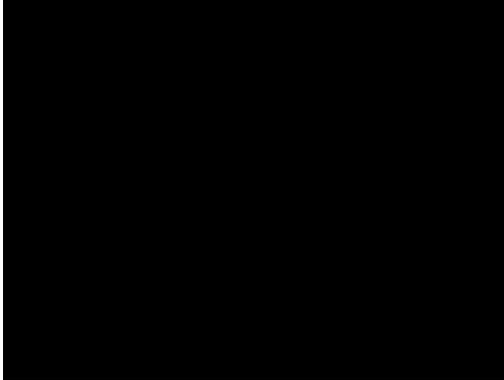


**From:** [no-reply@clf4kids.org](mailto:no-reply@clf4kids.org)  
**To:** [contact](#)  
**Subject:** Wish Basket  
**Date:** Wednesday, March 25, 2020 12:32:47 PM

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Cost Center: 3703271

**Health Professional Information**



**Child 1 Information**

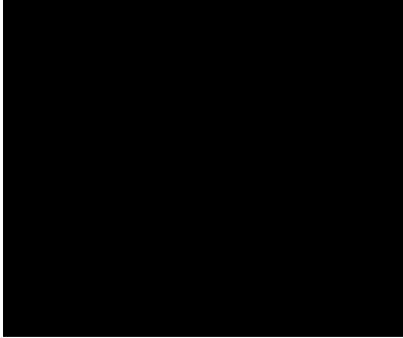


**From:** [no-reply@clf4kids.org](mailto:no-reply@clf4kids.org)  
**To:** [contact](#)  
**Subject:** Wish Basket  
**Date:** Friday, September 24, 2021 2:53:22 PM

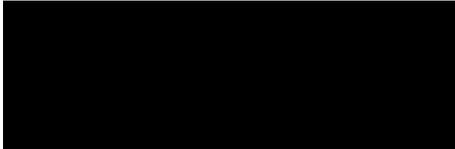
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Cost Center: 37032156

**Health Professional Information**



**Child 1 Information**

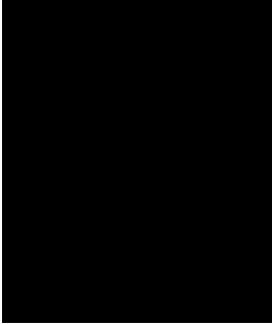


**From:** [no-reply@clf4kids.org](mailto:no-reply@clf4kids.org)  
**To:** [contact](#)  
**Subject:** Wish Basket  
**Date:** Friday, April 22, 2022 1:48:05 PM

---

Cost Center: 3703274

**Health Professional Information**



**Child 1 Information**



**Child 2 Information**





# Advocate Children's Hospital

4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || [advocatechildrenshospital.com](http://advocatechildrenshospital.com)

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## Section of Pediatric Hematology/Oncology

August 12, 2022

To Whom It May Concern:

My name is [REDACTED] and I am the social worker at Advocate Children's Hospital in Oak Lawn, IL. We utilize the Childhood Leukemia Foundation resources for many of our cancer patients here at the hospital. It is organizations such as the Childhood Leukemia Foundation that make such a big impact in the lives of our patients by providing items that can improve quality of life, increase confidence, or just make the hospital and treatment experience a little less lonely. Recently, I have referred a few patients to the Keeping Kids Connected program that can provide an iPad to our patients. The application process is quick and easy for both myself and the families I work with. iPads can make a big impact in the lives of our patients, however, they can be costly to families already dealing with the high costs of treatment. Our kids always light up when they realize they get an iPad for themselves that they don't have to share or give back when they are leaving our clinic.

We appreciate all of the services offered by The Childhood Leukemia Foundation and are grateful for the impact they have on the lives of our patients.

Sincerely,

[REDACTED]

LCSW

LCSW

Advocate Children's Hospital - Oak Lawn

[REDACTED]



MSU PEDIATRIC SUB-SPECIALTY CLINIC  
1200 E. Michigan Avenue Suite 145  
Lansing, MI 48912  
Phone 517-364-5440 Fax 517-364-5413

July 21, 2022

Childhood Leukemia Foundation  
807 Mantoloking Road  
Brick, NJ 08723

Dear Ms. Wetmore,

As a pediatric oncology social worker, I am so grateful for the work of the Childhood Leukemia Foundation. Our patients are always thrilled to receive a Wish Basket and/or iPad through the Keeping Kids Connected Program. The Wish baskets provide a valuable “pick me up” to kids and remind them that there are others that care about them. Parents often like their educational focus and the mental stimulation the wish baskets provide.

Many of our patients use the iPads throughout treatment during clinic visits that can be 2-4 hours long to occupy themselves; during inpatient admissions to the hospital to keep connected with family and friends; to watch movies; play games or even to do homework. Some of our patients even use them when their ports are being accessed to distract themselves from the pain and uncomfortableness of this. It is also fantastic that the iPads come with a protective case to help them be more durable since many of our patients are in treatment for 2-3 years.

It is significant to note that many of the patients we serve would not be able to afford an iPad just for themselves, so this is just a huge benefit to them and to their families.

Thank you so much for all that you do for our patients and their families. You and all of the people who support your organization help them feel supported and cared about!!

With much gratitude,

A large black rectangular redaction box covering the signature of the sender.

, LMSW  
Pediatric Hematology/Oncology Social Worker



July 29, 2022

We are so so thankful for Childhood Leukemia Foundation and the impact they have on our patients and families. I know in the past few months we have specifically used their resources of Hope Binders and iPads. The Hope Binders are an incredible resource to our families. It helps them keep the overwhelming amount of information they are given organized and feel more manageable. Our sweet patient that received the iPad was able to stay connected with her friends and family while far away. This is so meaningful for a child who is going through such a difficult season and can't be near people who are normally a support to them. The needs are so great sometimes and we, as social workers, struggle with not always have enough resources to meet the needs. Childhood Leukemia Foundation makes it possible to provide such support and we are incredibly thankful.

Sincerely,

  
LCSW  
Oncology Social Worker

*LLW*

Hematology and Oncology Center  
1500 Cooper Street  
Fort Worth, TX 76104-2796  
682-885-4007  
[www.cookchildrens.org](http://www.cookchildrens.org)



August 19, 2022

To Whom It May Concern,

The Childhood Leukemia foundation has been providing support to our patients by providing I-pads to children with leukemia during their treatments. This has been an amazing resource to our patients and families. It provides distraction during long hospitalizations and allows patients and families to keep in touch with their support systems through facetime. Patients can bring their I-pads to clinic to help with long chemo infusions and they also use the I-pads to help with schoolwork.

This resource continues to make a positive impact for our patients and families navigating difficult cancer journeys.

This foundation also provides gift baskets and Hope binders which have helped families start their journeys feeling better supported and more organized.

We are so thankful for organizations like the Childhood Leukemia Foundation who provide us with essential tools to support our patients and families during their most difficult times.

Please feel free to reach out should you require further information.

Thank you,

[REDACTED]

[REDACTED] MSW, LICSW  
Pediatric Medical Social Worker  
Mary Bridge Children's Hospital & Health Center  
Hematology/Oncology Clinic  
[REDACTED]



**Maimonides Heath**  
*The Children's Hospital of Brooklyn*  
4802 Tenth Avenue  
Brooklyn, New York 11219

[REDACTED]  
Child Life Specialist, Inpatient Unit  
[REDACTED]

July 21, 2022

Dear Childhood Leukemia Foundation,

On behalf of Maimonides Heath Children's Hospital, we would like to express our sincere gratitude for your organization's amazing programming. Over the years, our oncology patients have benefited from all your programs but especially the IPads.

As you may know, life threatening illnesses, as well as their required outpatient and inpatient hospital stays can be extremely difficult for children and their families. Families who live with a cancer diagnosis must face challenges they never believed they might have to. These programs help uplift our oncology patients' spirits and brings them so much joy. Our patient use the iPad for distraction during long hospital stays, communication with family and friends especially during the isolating times of Covid, to complete school assignments, learn more about diagnosis and so much more.

Thank you for your continued generosity. Please know that the lives which you have touched will never forget your kindness.

Sincerely,

[REDACTED]

[REDACTED]

Child Life Specialist  
Maimonides Children's Hospital

[REDACTED]



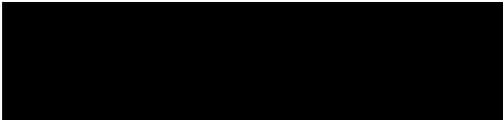
**Keeping Kids Connected  
Parental Consent Form**

| Parent Information  |                           |   |  |
|---|---------------------------|---|--|
| Name of Parent: [REDACTED]  |                           |   |  |
| Street Address: [REDACTED]  |                           | City: [REDACTED]                        | State: [REDACTED] Zip Code: [REDACTED] |
| Phone: [REDACTED]   | Email address: [REDACTED] |   |  |
| Child Applicant Information   |                           |   |  |
| Name of Child: [REDACTED]   |                           |   |  |
| Date of birth: [REDACTED]   | Diagnosis: [REDACTED]     |   | Date of Diagnosis: [REDACTED]          |
| If Out Patient – How many treatments per week? - [REDACTED]   |                           |   |  |
| Current Treatment: Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Both <input type="checkbox"/>  |                           | Miles from home to Hospital: [REDACTED] |  |
| Is your child currently able to attend school? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Grade: [REDACTED]  |                           |   |  |
| [REDACTED]  |                           |   |  |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                           |   |  |
| Parent/Guardian Signature <i>[Handwritten Signature]</i>  |                           | Date <i>9-19-21</i>                     |  |

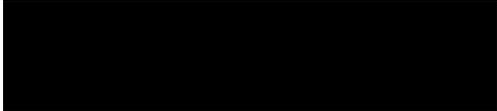
*\*Please know that upon submission of this release form any photos/video's and stories cannot be returned. If you have any questions please contact Kim Wetmore (888) 253-7109 or email [contact@clf4kids.org](mailto:contact@clf4kids.org)*

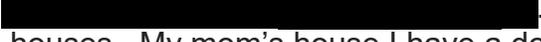
Hi Im [REDACTED]. I would really Love  
an iPad. I would use the iPad while I  
am recieving my chemo treatment to pass  
the time. I will read Books I download  
on it, I will play games with my little  
brother and little sisters. But most important  
I will do any school work I can on  
it!

Thank you so much!



Banner UMC Tucson  
1625 N. Campbell  
Room 3801 or Peds Hem Onc Clinic 3W  
Tucson Az.85719



Hi, my name is   
I wanted to tell you a little bit about myself. I am  going into  at  My birthday is  and this year my birthday will be my  and I'm so excited about that. I have 3 brothers . I have two homes and love my animals at both houses. My mom's house I have a dog named Chica, two chickens and a bearded dragon. My dad's house I have a dog named Coach. I really like animals, especially dogs and puppies.

I have a lot of hobbies. I like to color in coloring books and have started drawing my own pictures. Slime is so fun and I usually have it around in case I want to play with it. When I was in 6<sup>th</sup> grade, I started playing volleyball and it is one of my favorite things to do and also I love to swim. I can be in the pool all day. If I had an iPad, I would use it to entertain myself and parent when we are in the hospital. I could play games and watch Youtube videos about slime. Since I won't be able to go back to school, it will help me with my online school work and stay connected to my friends since I can't have visitors when I am getting chemo.

I was diagnosed with   
 I had my  at the end of June and never thought this would happen. I will be starting chemo on July 29, 2020 and it will be inpatient treatment for about 4 days every month.

Thank you,

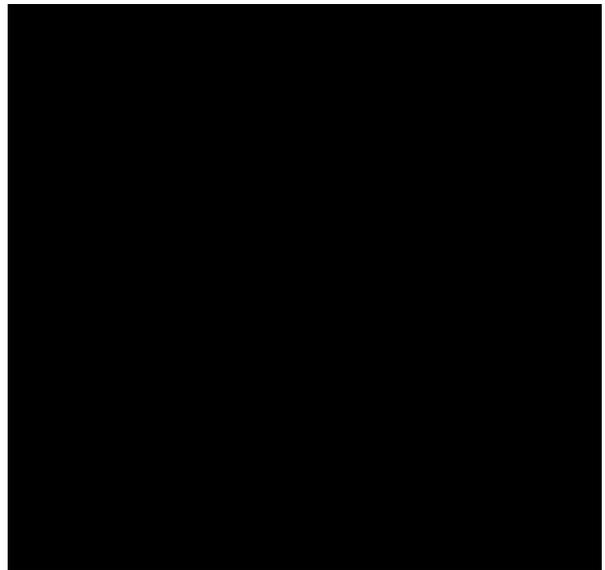
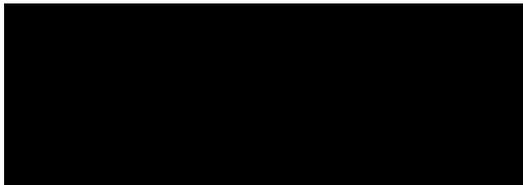
**Keeping Kids Connected  
Parental Consent Form**

| Parent Information  |                           |   |                      |
|---|---------------------------|---|----------------------|
| Name: [REDACTED]  |                           |   |                      |
| Street Address: [REDACTED]  | City: [REDACTED]          | State: [REDACTED]                       | Zip Code: [REDACTED] |
| Phone: [REDACTED]   | Email address: [REDACTED] |   |                      |
| Child Applicant Information   |                           |   |                      |
| Name of Child: [REDACTED]   |                           |   |                      |
| Date of birth: [REDACTED]   | Diagnosis: [REDACTED]     | e of Diagnosis: [REDACTED]              |                      |
| If Out Patient – How many treatments per week? - [REDACTED]   |                           |   |                      |
| Current Treatment: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Both <input checked="" type="checkbox"/>  |                           | Miles from home to Hospital: [REDACTED] |                      |
| Is your child currently able to attend school? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Grade: [REDACTED]  |                           |   |                      |
| <p><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                           |   |                      |
| Parent/Guardian Signature: [REDACTED]   |                           | Date: 7-22-20                           |                      |

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Loma Linda University Children's Hospital  
250 East Caroline St. Suite E  
San Bernardino  
CA  
92408



Special instructions: Please see attached application for our new patient. Thank you

My son [REDACTED] was diagnosed with [REDACTED] earlier in October. It's been pretty challenging for [REDACTED] lately, but he has managed to stay pretty strong through it all. He really needs something that can keep his mind distracted. [REDACTED] would benefit very well and he would make great use of an iPad to distract him from all the pain a procedures he's going through. That will help him keep his mind busy on games or videos the iPad may provide. He can certainly put more time into watching videos or playing games rather than being mentally unstable. He has too much time in his hands and he tends to think negative about his situation.

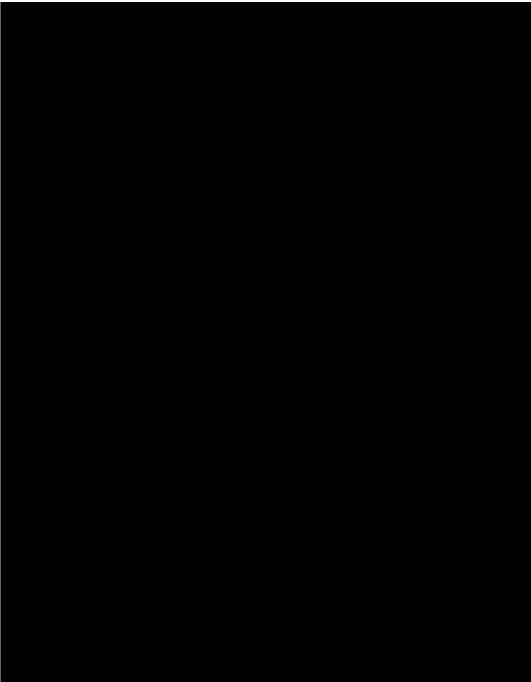
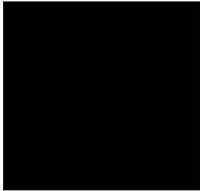
## Keeping Kids Connected Parental Consent Form

| Parent Information  |                |   |            |
|---|----------------|---|------------|
| Name of Parent: [REDACTED]  |                |   |            |
| Street Address  | City:          | State:                                  | Zip Code   |
| [REDACTED]  | [REDACTED]     | [REDACTED]                              | [REDACTED] |
| Phone:  | Email address: |   |            |
| [REDACTED]  | [REDACTED]     |   |            |
| Child Applicant Information   |                |   |            |
| Name of Child: [REDACTED]   |                |   |            |
| Date of birth:  | Diagnosis:     | Date of Diagnosis:                      |            |
| [REDACTED]  | [REDACTED]     | [REDACTED]                              |            |
| If Out Patient – How many treatments per week? - [REDACTED]   |                |   |            |
| Current Treatment: Inpatient  |                | Outpatient                              | Both       |
|   |                | Miles from home to Hospital: [REDACTED] |            |
| Is your child currently able to attend school? Yes <input type="radio"/> No <input checked="" type="radio"/>  |                |   |            |
|   |                | Current Grade: [REDACTED]               |            |
| <p><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                |   |            |
| Parent/Guardian Signature   |                | Date                                    |            |
| [REDACTED]  |                | November 1, 2021                        |            |

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CHOC  
1201 W La Veta Ave  
Orange CA. 92840



Hello my name is [REDACTED] and my son is [REDACTED].  
[REDACTED] and was just diagnosed with [REDACTED].  
This has been very difficult on [REDACTED] and our family. [REDACTED]  
has been hospitalized and having a difficult time dealing with  
this. [REDACTED] would really benefit from having an iPad to help distract him during infusions and be able to  
help his anxiety of being in treatment. Our family cannot afford an iPad for him and would really be  
appreciative for the support.

Thank you for your time.

## Keeping Kids Connected Parental Consent Form

| Parent Information   |                |                              |                           |
|--|----------------|------------------------------|---------------------------|
| Name of Parent: [REDACTED]   |                |                              |                           |
| Street Address   | City:          | State:                       | Zip Code                  |
| [REDACTED]   |                |                              |                           |
| Phone:   | Email address: |                              |                           |
| [REDACTED]   |                |                              |                           |
| Child Applicant Information  |                |                              |                           |
| Name of Child: [REDACTED]  |                |                              |                           |
| Date of birth:   | Diagnosis:     | Date of Diagnosis:           |                           |
| [REDACTED]   |                |                              |                           |
| If Out Patient – How many treatments per week? -   |                |                              |                           |
|  |                |                              |                           |
| Current Treatment <input checked="" type="radio"/> Inpatient <input type="radio"/> Outpatient <input type="radio"/> Both   |                | Miles from home to Hospital: |                           |
|  |                | [REDACTED]                   |                           |
| Is your child currently able to attend school? <input checked="" type="radio"/> Yes <input type="radio"/> No   |                |                              |                           |
|  |                |                              | Current Grade: [REDACTED] |
| <p><b><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                |                              |                           |
| [REDACTED]   |                |                              |                           |
| Parent/Guardian Signatu [REDACTED]   |                |                              | Date 11/13/21             |

[REDACTED]

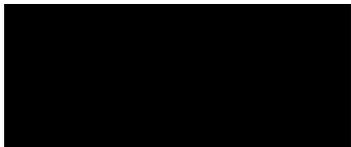
Morristown Medical Center  
100 Madison Avenue  
Morristown  
New Jersey 07960

[REDACTED]

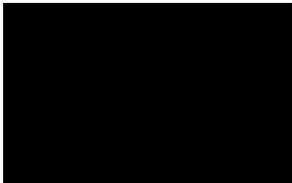
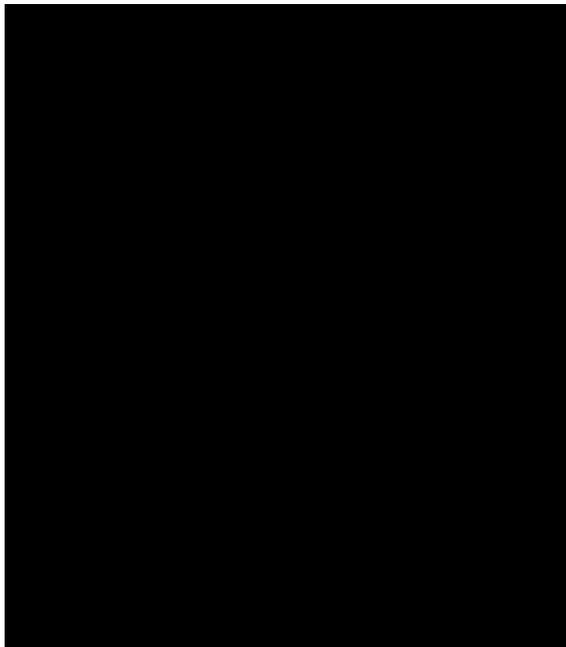
[REDACTED]

[REDACTED] is facing long treatment days ahead. Having an iPad will be an amazing way to pass the time. Not only will he be able to play games but he can also catch up on the things he missed out on in school. An iPad will allow him to also stay connected to his older sister on days when he is admitted to the hospital. Thank you for your consideration and generosity.

| Parent Information  |                              |  |                         |
|---|------------------------------|--|-------------------------|
| Name of Parent:<br>[REDACTED]   |                              |  |                         |
| Street Address:<br>[REDACTED]   | City:<br>[REDACTED]          | State:<br>[REDACTED]                       | Zip Code:<br>[REDACTED] |
| Phone:<br>[REDACTED]  | Email address:<br>[REDACTED] |  |                         |
| Child Applicant Information   |                              |  |                         |
| Name of Child:<br>[REDACTED]  |                              |  |                         |
| Date of birth:<br>[REDACTED]  | Diagnosis:<br>[REDACTED]     | Date of Diagnosis:<br>[REDACTED]           |                         |
| If Out Patient – How many treatments per week? -<br>[REDACTED]  |                              |  |                         |
| Current Treatment: Inpatient   Outpatient <input checked="" type="radio"/> Both   |                              | Miles from home to Hospital:<br>[REDACTED] |                         |
| Is your child currently able to attend school?   Yes <input checked="" type="radio"/> No   Current Grade:<br>[REDACTED]   |                              |  |                         |
| <p><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                              |  |                         |
| Parent/Guardian Signature<br>[REDACTED]   |                              | Date <u>6.8.21</u>                         |                         |



Mary Bridge Children's Hospital  
311 S L Street  
PO Box 5299 Mailstop 315-C2-PHP  
Tacoma WA 98405



██████████ is ██████████ and was diagnosed with ██████████ in the beginning of November 2019, since diagnosis ██████████ has undergone ██████████ and has endured multiple rounds of chemotherapy to ██████████ ██████████ once ██████████ started her chemotherapy ██████████ has only been able to spend a total of 6 days outside of the hospital and it has been a real struggle keeping her entertained while in the inpatient setting. There are many days where ██████████ does not leave her hospital room due to her not having an immune system and not wanting to expose her to the other children that may be carrying a contagious illness or her not wanting to leave her room due to not feeling well and not having the energy to get out of bed that day. I am asking for an iPad for ██████████ to help occupy her time on the days we can't leave the room. There is a long road to recovery for ██████████ and a lot of time that will need filled and getting assistance with a tablet for her would be a huge support to her at this time.

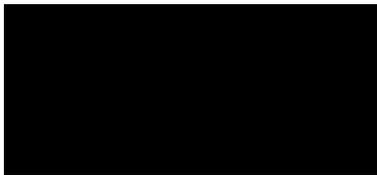
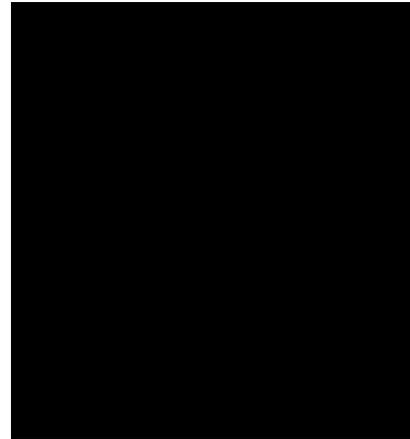
### Keeping Kids Connected Parental Consent Form

| Parent Information  |   |
|---|---|
| Name of Parent:   | [REDACTED]                              |
| Street Address:   | [REDACTED]                              |
| Phone:  | [REDACTED]                              |
| Child Applicant Information   |   |
| Name of Child:  | [REDACTED]                              |
| Date of birth:  | [REDACTED]                              |
| Diagnosis:  | [REDACTED]                              |
| Out Patient - How many treatments per week? -   | [REDACTED]                              |
| Current treatment: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Both <input checked="" type="checkbox"/>  | Miles from home to Hospital: [REDACTED] |
| Is your child currently able to attend school? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| Current Grade: [REDACTED]   |   |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |   |
| Parent/Guardian Signature   | Date                                    |
| [REDACTED]  | 1/10/2020                               |

*\*Please know that upon submission of this release form any photos/video's and stories cannot be returned. If you have any questions please contact Kim Wetmore (888) 253-7109 or email [contact@clf4kids.org](mailto:contact@clf4kids.org)*



Kids Cancer Foundation  
246 Royal Palm Beach Blvd.  
Royal Palm Beach  
FL  
33411  
(561) 371-1298



Special instructions: Thank you so much for all you do to assist our young patients. It is greatly appreciated.

#### Why an iPad would be help me?

My name is [REDACTED] and I am [REDACTED] and in [REDACTED]. An iPad would be very helpful for me while I am going through treatment for [REDACTED] because I can use it for my schoolwork since I am told I will be out of school for the rest of the school year and I really want to keep up with my studies. I also would find it helpful to stay in touch with my family and friends since me and my Mom will be up in [REDACTED] for the next 6 months for my treatment. We can also use it to watch videos and play games in our free time.

**Keeping Kids Connected  
Parental Consent Form**

| Parent Information  |                |   |           |
|---|----------------|---|-----------|
| Name of Parent: [REDACTED]  |                |   |           |
| Street Address:   | City:          | State:                                  | Zip Code: |
| [REDACTED]  |                | [REDACTED]                              |           |
| Phone:  | Email address: |   |           |
| [REDACTED]  |                | [REDACTED]                              |           |
| Child Applicant Information   |                |   |           |
| Name of Child: [REDACTED]   |                |   |           |
| Date of birth:  | Diagnosis:     | Date of Diagnosis:                      |           |
| [REDACTED]  |                | [REDACTED]                              |           |
| If Out Patient – How many treatments per week? -  |                |   |           |
|   |                |   |           |
| Current Treatment: Inpatient Outpatient <input checked="" type="radio"/> Both   |                | Miles from home to Hospital: [REDACTED] |           |
|   |                | [REDACTED]                              |           |
| Is your child currently able to attend school? Yes <input type="radio"/> No <input checked="" type="radio"/> Current Grade: [REDACTED]  |                |   |           |
|   |                |   |           |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                |   |           |
| X [REDACTED]  |                | 10/27/19                                |           |
| Parent/Guardian Signature   |                | Date                                    |           |

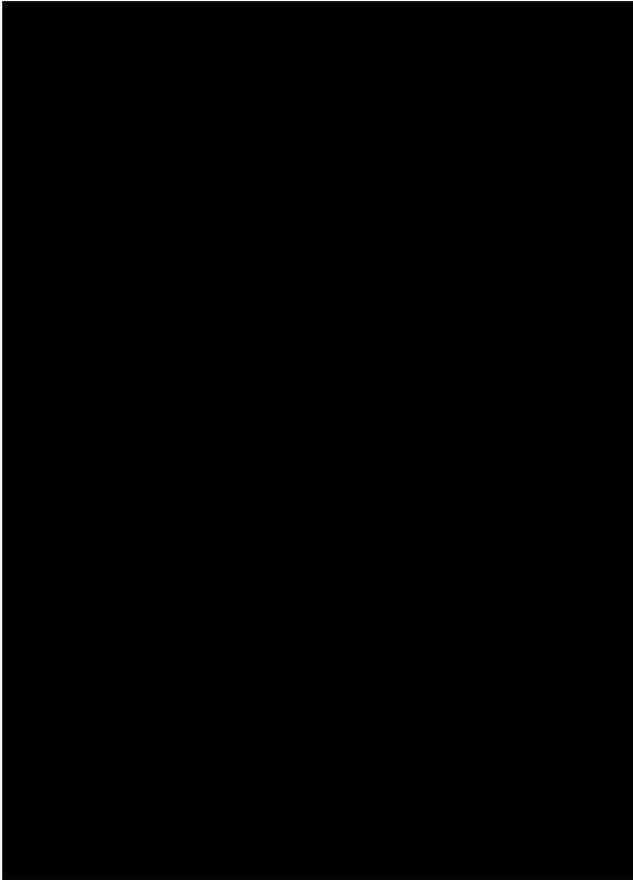
*\*Please know that upon submission of this release form any photos/video 's and stories cannot be returned. If you have any questions please contact Kim Wetmore (888) 253-7109 or email [contact@clf4kids.org](mailto:contact@clf4kids.org)*



Goryeb Children's Hospital  
100 Madison Avenue  
Box 34  
Morristown  
NJ  
07960  
(973) 971-6728



Special instructions: Thank you for considering this application!



Thank you for giving us the opportunity to possibly get an iPad during this difficult time. It can be quite lonely and boring undergoing cancer treatments. If I were to get this iPad I could FaceTime with my family and friends. I would also use the iPad to create digital art. It would be a great distraction from all of the symptoms I suffer like headaches, nausea, and loneliness. I think it would help me stay optimistic and make these challenging times a little more bearable. Thank <sup>you</sup> for taking the time to read my story.

Sincerely,

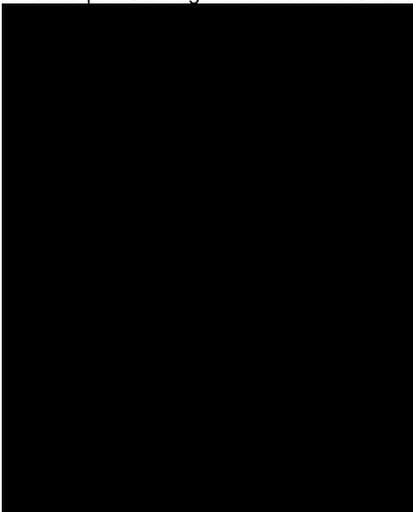


**Keeping Kids Connected  
Parental Consent Form**

| Parent Information  |                       |   |                   |
|---|-----------------------|---|-------------------|
| Name of Parent: [Redacted]  |                       |   |                   |
| Street Address: [Redacted]  |                       | City: [Redacted]                        | State: [Redacted] |
| Phone: [Redacted]   |                       | Email address: [Redacted]               |                   |
| Child Applicant Information   |                       |   |                   |
| Name of Child: [Redacted]   |                       |   |                   |
| Date of birth: [Redacted]   | Diagnosis: [Redacted] | Date of Diagnosis: [Redacted]           |                   |
| If Out Patient – How many treatments per week? -  |                       |   |                   |
| Current Treatment: <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient <input type="radio"/> Both   |                       | Miles from home to Hospital: [Redacted] |                   |
| Is your child currently able to attend school? Yes <input type="radio"/> No <input checked="" type="radio"/>  |                       |   |                   |
|   |                       | Current Grade: [Redacted]               |                   |
| <p><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                       |   |                   |
| [Redacted Signature]  |                       | 7/14/22                                 |                   |
| Parent/Guardian Signature   |                       | Date                                    |                   |

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[REDACTED]  
[REDACTED] Maimonides Childrens hospital  
4082 10th Ave tower Pavillion 6 Rm 625  
Brooklyn NY 11219



It's not everyday that you wake up one morning and find out that you have a very serious illness. In my case, it's exactly what happened to me. I feel like getting an iPad will help me socially and educationally. I could go in depth on what my disease is and find out more information about it and for the time being, be able to go online and finish some school work while I am away from school at home.

Receiving an iPad from you guys could help me research a little more about my condition. I can go online and google important topics about my condition and what to do and not to do. I can learn a lot from it as well. My main priority right now is knowing what exactly I have and how to deal with it more formally. Getting an iPad could also help with boredom. Since I am going to stay at home for the next six months, I will get bored and having the ability to use the iPad could help keep me busy. I could download games, watch videos and research more about my illness.

Two others reasons why an iPad could help me out is because it can help me keep in touch with my family, whether they are near or far. Helping me educationally can also prove to be an added benefit of the iPad as well. Being in contact with family is very important to me. Some family members can not come near me for the fear of me becoming more sick. My social life would also get out of hand because I am going to stay home 24/7 and not have the ability to see friends and family. An iPad could help me educationally as well. Since I will be starting at home for the next six month, I won't be able to go to school. An iPad could help me research educational videos and school related topics. This would enable me to not fall back too far behind.

In the end, hearing that you have a very serious illness could really mess with someone's head. People get depressed and lose hope, but I won't. An iPad could help me emotionally. Socially, and educationally.

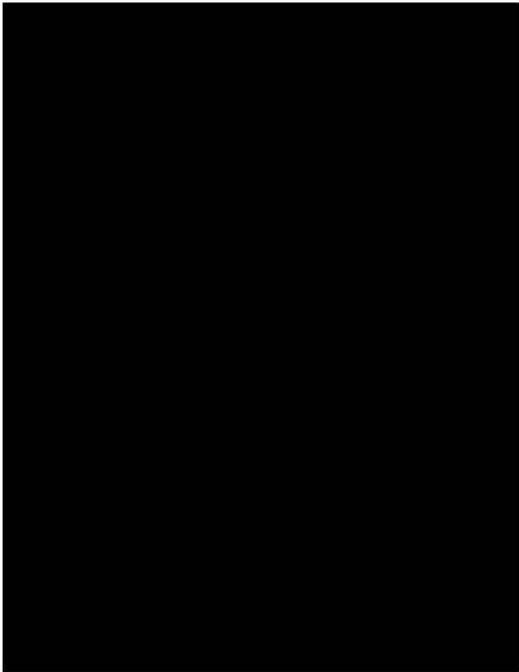
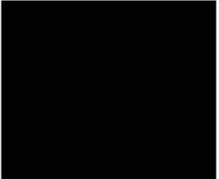
## Keeping Kids Connected Parental Consent Form

| Parent Information  |                              |
|---|------------------------------|
| Name of Parent:   | [REDACTED]                   |
| Street Address:   | [REDACTED]                   |
| Phone:  | [REDACTED]                   |
| Child Applicant Information   |                              |
| Name of Child:  | [REDACTED]                   |
| Date of birth:  | [REDACTED]                   |
| Diagnosis:  | [REDACTED]                   |
| If Out Patient - How many treatments per week? -  |                              |
| Current Treatment: Inpatient   Outpatient <input checked="" type="radio"/> Both   | Miles from home to Hospital: |
| Is your child currently able to attend school?   Yes <input checked="" type="radio"/> No  |                              |
| Current Grade: [REDACTED]   |                              |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> <p>[REDACTED]</p> |                              |
| Parent/Guardian Signature   | Date                         |

1/23/19

**Health Professional Information**

Morristown Medical Center  
100 Madison Avenue  
Morristown New Jersey 07960



Prior to his diagnosis,  was a social, energetic and curious little boy. He loved going to school and learning. He also loved spending time with his older cousins and playing games. When  was diagnosed his life changed in a way that is too complicated for him to understand. He wants to go to school and doesn't understand why he can't right now. He wants to visit his family and he doesn't understand why that is not safe for him right now. Right now, the only way for  to ~~connect~~ keep those social connections, is virtual. At the same time he can learn and still have fun. An iPad would allow him to do some of the things he loved doing, keep those activities safe and keep him up to date in education.

**Keeping Kids Connected  
Parental Consent Form**

| Parent Information  |   |
|---|---|
| Name of Parent:   | [REDACTED]                              |
| Street Address  | [REDACTED]                              |
| Phone:  | [REDACTED]                              |
| Email address:  | [REDACTED]                              |
| Child Applicant Information   |   |
| Name of Child:  | [REDACTED]                              |
| Date of birth:  | [REDACTED]                              |
| If Out Patient - How many treatments per week? -  | [REDACTED]                              |
| Current Treatment: Inpatient Outpatient <input checked="" type="radio"/> Both   | Miles from Home to Hospital: [REDACTED] |
| Is your child currently able to attend school? Yes <input checked="" type="radio"/> No  | Current Grade: [REDACTED]               |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |   |
| Parent/Guardian Signature   | Date 3-12-2021                          |

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## Keeping Kids Connected Parental Consent Form

| Parent Information  |   |
|---|---|
| Name of Parent: [REDACTED]  |   |
| Street Address: [REDACTED]  |   |
| Phone: [REDACTED]   | Email address: [REDACTED]               |
| Child Applicant Information   |   |
| Name of Child: [REDACTED]   |   |
| Date of birth: [REDACTED]   | Diagnosis: [REDACTED]                   |
| If Out Patient – How many treatments per week? -  |   |
| Current Treatment: Inpatient   Outpatient <input checked="" type="radio"/> Both   | Miles from home to Hospital: [REDACTED] |
| Is your child currently able to attend school?   Yes <input checked="" type="radio"/> No   Current Grade: [REDACTED]  |   |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |   |
| Parent/Guardian Signature: [REDACTED]   | Date: 3-15-2021                         |

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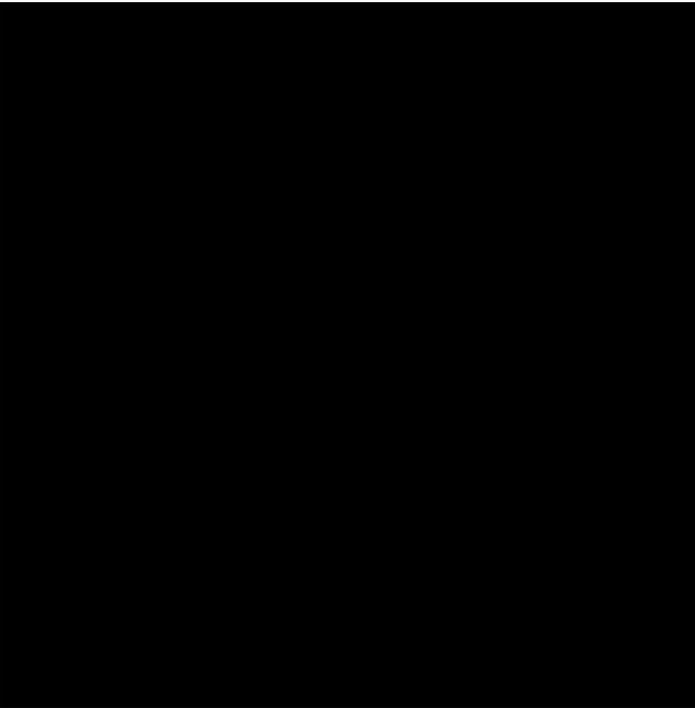


Mary Bridge Children's Hospital  
311 S L Street  
PO Bo 5299 - M/S: 315-C2-PHP  
Tacoma WA 98405



To Whom It May Concern,

 absolutely loves putting puzzles together along with doing math via  and is currently learning to do simple coding via apps such as CodeSpark offered through the Apple Store. She also enjoys the musical apps that allows for her to participate in piano and vocal courses. With her limitations due to her being immune compromised, the use of an iPad will still allow for her to continue growing in areas that will stimulate her love and interest in learning.



Thank you for your help.



## Keeping Kids Connected Parental Consent Form

| Parent Information  |                                  |                       |
|---|----------------------------------|-----------------------|
| Name of Parent:   | [Redacted]                       |                       |
| Street Address:   | [Redacted]                       |                       |
| Phone:  | [Redacted]                       |                       |
| Child Applicant Information   |                                  |                       |
| Name of Child:  | [Redacted]                       |                       |
| Date of birth:  | Diagnosis:                       | Date of Diagnosis:    |
| [Redacted]  | [Redacted]                       | [Redacted]            |
| If Out Patient – How many treatments per week? -<br>[Redacted]  |                                  |                       |
| Current Treatment: Inpatient  | Outpatient                       | Both                  |
|   | <input checked="" type="radio"/> | <input type="radio"/> |
| Miles from home to Hospital:  | [Redacted]                       |                       |
| Is your child currently able to attend school? Yes <input type="radio"/> No <input checked="" type="radio"/>  |                                  |                       |
| Current Grade:  |                                  |                       |
| <p><b>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                                  |                       |
| Parent/Guardian Signature<br>[Redacted Signature]   |                                  | Date<br>4-19-19       |

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# EXHIBIT 8

Form 990 TRADE COMMISSION OFFICE OF THE SECRETARY FILED 09/09/22 OSCAR NO. 605569 PAGE Page 152 of 309 \*-PUBLIC  
Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

OMB No 1545-0047  
2019  
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CHILDHOOD LEUKEMIA FOUNDATION INC  
Doing business as  
Number and street (or P O box if mail is not delivered to street address): 807 MANTOLOKING ROAD 202  
Room/suite  
City or town, state or province, country, and ZIP or foreign postal code: BRICK, NJ 08723

D Employer identification number: 52-1825483  
E Telephone number: (732) 920-8860  
G Gross receipts \$ 3,866,027

F Name and address of principal officer: BARBARA HARAMIS, 807 MANTOLOKING ROAD 202, BRICK, NJ 08723

H(a) Is this a group return for subordinates? Yes No  
H(b) Are all subordinates included? Yes No  
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.CLF4KIDS.ORG

K Form of organization: Corporation

L Year of formation: 1992

M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO EDUCATE,EMPOWER AND LIFT THE SPIRITS OF CHILDREN SUFFERING WITH THE DEVESTATING EFFECTS OF CANCER THROUGHOUT THE UNITED STATES  
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets  
3 Number of voting members of the governing body: 7  
4 Number of independent voting members of the governing body: 5  
5 Total number of individuals employed in calendar year 2019: 4  
6 Total number of volunteers (estimate if necessary): 0  
7a Total unrelated business revenue from Part VIII, column (C), line 12: 0  
7b Net unrelated business taxable income from Form 990-T, line 39: 0

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (8-12) and Expenses (13-19). Total revenue: 3,866,027. Total expenses: 3,749,129. Revenue less expenses: 116,898.

Part II Signature Block

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

Sign Here: Signature of officer: BARBARA REID-HARAMIS EXECUTIVE DIRECTOR, Date: 2020-04-29

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, Firm's name: HOLMAN FRENIA ALLISON PC, Firm's EIN: 22-3480145, Firm's address: 680 HOOPER AVENUE BUILDING B, TOMS RIVER, NJ 08753

**Part III Statement of Program Service Accomplishments**

FEDERAL TRADE COMMISSION, OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 153 of 309 \*-PUBLIC

**1** Briefly describe the organization's mission

TO EDUCATE, EMPOWER AND LIFT THE SPRITS OF CHILDREN SUFFERING WITH THE DEVESTATING EFFECTS OF CANCER THROUGHOUT THE UNITED STATES CHILDHOOD LEUKEMIA FOUNDATION HAS ESTABLISHED A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U S AND HAS HELPED SUPPORT AND EMPOWER OVER 230,000 PEDIATRIC ONCOLOGY PATIENTS (NEWBORN TO AGE TWENTY ONE) THROUGH ITS VARIOUS PROGRAM SERVICES

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 151,797 including grants of \$ ) (Revenue \$ )

See Additional Data

**4b** (Code ) (Expenses \$ 325,122 including grants of \$ ) (Revenue \$ )

See Additional Data

**4c** (Code ) (Expenses \$ 63,499 including grants of \$ ) (Revenue \$ )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 58,907 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 599,325

PUBLIC VERSION

Part IV Checklist of Required Schedules

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 154 of 309 P JBL NC

Table with 3 columns: Question ID, Yes/No, and JBL/NC. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

PUBLIC VERSION

Part IV Checklist of Required Schedules (continued)

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 155 of 306

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

PUBLIC VERSION

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

Table with 3 main columns: Question/Description, Answer, and Public Disclosure. Rows include questions 2a through 16 regarding federal trade commission reports, employment tax returns, gross income, foreign accounts, prohibited transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

PUBLIC VERSION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. FEDERAL TRADE COMMISSION OFFICE OF THE SECRETARY, FILED 09/09/22, OSCAR NO. 605569, PAGE Page 157 of 309 \*-PUBLIC

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (5), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NJ), 18 (Own website, Another's website, Upon request, Other), 19, 20 (BARBARA REID-HARAMIS 807 MANTOLOKING ROAD SUITE 202 BRICK, NJ 08723 (732) 920-8860).

PUBLIC VERSION





Part VIII **Statement of Revenue**

FEDERAL TRADE COMMISSION OFFICE OF THE SECRETARY FILED 09/09/20 OSCAR NO. 605569 PAGE Page 160 of 309 \*PUBLIC

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |
|--|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .   | <b>1f</b>  | 3,852,093            |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .   | <b>1g</b>  | 6,091                |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  |                      | 3,852,093  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b>   | Business Code  |                      |  |   |  |  |
|  | <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) . . . . .   |  | 6,486                |  |   | 6,486  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  |                      |  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  |                      |  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real   | <b>6a</b>            |  |   |  |  |
|  |   |  | (ii) Personal        | <b>6a</b>  |   |  |  |
|  |   | <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>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities   | <b>7a</b>            | 3,424  |   |  |  |
|  |   |  | (ii) Other           | <b>7a</b>  |   |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses . . . . . | <b>7b</b>            | 0  |   |  |  |
|  |   | <b>c</b> Gain or (loss) . . . . .                              | <b>7c</b>            | 3,424  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  | 3,424                | 3,424  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . |  | <b>8a</b>            |  |   |  |  |
|  |   | <b>b</b> Less direct expenses . . . . .                        | <b>8b</b>            |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   |  |                      |  |   |  |  |
| <b>9a</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>10a</b> Gross sales of inventory, less returns and allowances . . . . .   |   | <b>10a</b>   |                      |  |   |  |  |
|  | <b>b</b> Less cost of goods sold . . . . .  | <b>10b</b>   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      |  |   |  |  |
| Miscellaneous Revenue  | Business Code   |  |                      |  |   |  |  |
| <b>11a</b> OTHER INCOME  | 900099  | 4,024  | 4,024                |  |   |  |  |
| <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 . . . . .                          |   |  | 3,866,027            | 7,448  | 0                                       | 6,486  |  |

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**Part IX Statement of Functional Expenses**

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 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| <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 . . . . .  | 403,091               | 270,071                         | 64,495                                 | 68,525                      |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .  | 42,476                | 28,459                          | 6,796                                  | 7,221                       |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 9,600                 |                                 | 5,600                                  | 4,000                       |
| <b>c</b> Accounting . . . . .  |                       |                                 |  |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17  | 2,960,921             |                                 |  | 2,960,921                   |
| <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 Schedule O)  | 26,036                | 13,020                          | 5,465                                  | 7,551                       |
| <b>12</b> Advertising and promotion . . . . .  |                       |                                 |  |                             |
| <b>13</b> Office expenses . . . . .  | 7,406                 | 6,665                           |  | 741                         |
| <b>14</b> Information technology . . . . .   |                       |                                 |  |                             |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 10,799                | 7,559                           | 1,081                                  | 2,159                       |
| <b>17</b> Travel . . . . .   | 1,719                 | 1,719                           |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 18,632                | 16,396                          | 2,236                                  |                             |
| <b>23</b> Insurance . . . . .  | 6,205                 | 4,901                           | 187                                    | 1,117                       |
| <b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )  |                       |                                 |  |                             |
| <b>a</b> KEEPING KIDS CONNECTED  | 131,056               | 131,056                         |  |                             |
| <b>b</b> WISH BASKET SUPPLIES  | 42,991                | 42,991                          |  |                             |
| <b>c</b> HOSPITAL VISITS AND SPE   | 28,458                | 28,458                          |  |                             |
| <b>d</b> SPECIAL EVENTS  | 14,970                | 14,970                          |  |                             |
| <b>e</b> All other expenses  | 44,769                | 33,060                          | 6,241                                  | 5,468                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 3,749,129             | 599,325                         | 92,101                                 | 3,057,703                   |
| <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<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

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**Part X Balance Sheet**

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|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 294,045                  | <b>1</b>  | 330,391            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 225,283                  | <b>2</b>  | 376,412            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  | 68,747                   | <b>4</b>  | 15,396             |
|   | <b>5</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>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 . . . . .   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 3,118                    | <b>9</b>  | 2,929              |
|   | <b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D   | <b>10a</b> 723,148       |           |                    |
|   | <b>b</b> Less—accumulated depreciation   | <b>10b</b> 299,415       | 433,162   | <b>10c</b> 423,733 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments—other securities—See Part IV, line 11 . . . . .  |                          | <b>12</b> |                    |
|   | <b>13</b> Investments—program-related—See Part IV, line 11 . . . . .   |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets—See Part IV, line 11 . . . . .  |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |  | 1,024,355                | <b>16</b> | 1,148,861          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 84,981                   | <b>17</b> | 89,571             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D   |                          | <b>21</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>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> | 5,520              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 2,502                    | <b>24</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   |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 87,483    | <b>26</b>          |
| <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 . . . . .  | 936,872                  | <b>27</b> | 1,053,770          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b> |                    |
|   | <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>29</b> |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b> |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         |  | 936,872                  | <b>32</b> | 1,053,770          |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            |  | 1,024,355                | <b>33</b> | 1,148,861          |

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**Part XI Reconciliation of Net Assets**

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|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 3,866,027 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 3,749,129 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 116,898   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 936,872   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,053,770 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  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?  
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

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## Additional Data

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**Software ID:**

**Software Version:**

**EIN:** 52-1825483

**Name:** CHILDHOOD LEUKEMIA FOUNDATION INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

KEEPING KIDS CONNECTED IPADSTHE KEEPING KIDS CONNECTED PROGRAM WAS DESIGNED TO ALLOW YOUNG CANCERPATIENTS TO REMAIN CONNECTED TO FAMILY, FRIENDS AND SCHOOL WHILEACTIVLY RECEIVING CANCER TREATMENT SKYPE ENABLES PATIENTS TO MAINTAINAN OPEN LINE OF COMMUNICATION WITH FAMILY AND FRIENDS, AS WELL ASSCHOOLWORK ADDITIONALLY, STUDIES HAVE SHOWN THAT AGE APPROPRIATEDISTRACTIONS HELP CHILDREN COPE WITH THE ANXIETY AND BOREDOM ASSOCIATEDWITH CANCER TREATMENT AND HOSPITAL CONFINEMENT PLAYING A GAME OR ENGAGING IN AN ARTISTIC OR MUSICAL ACTIVITY, CAN RELAX A CHILD AND REDUCE THE PERCEIVED TRAUMA OVERALL, THE IPAD IS A WELCOMED TOOL FOR THESE PATIENTS TO STAY CONNECTED TO THEIR LIVES WHILE IN THE HOSPITAL

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**Form 990, Part III, Line 4b:**

HOPE BINDER THE GOAL OF THE HOPE BINDER PROGRAM IS TO IMPROVE A PATIENT'S LEVEL OF HEALTH LITERACY PEDIATRIC ONCOLOGY PATIENTS AND THEIR FAMILIES ARE OFTEN OVERWHELMED WITH THE AMOUNT OF MEDICAL AND INSURANCE INFORMATION ASSOCIATED WITH A CHRONIC ILLNESS SUCH AS CANCER THE HOPE BINDER PROGRAM IS A COMMITMENT OF THE NATIONAL CANCER INSTITUTE AND THE NATIONAL CENTER FOR HUMAN GENOMICS TO IMPROVE THE HEALTH CARE OF ALL AMERICANS THE BINDERS INCLUDE HELPFUL HINTS AND VALUABLE RESOURCES OVER 20,000 HOPE BINDERS HAVE BEEN DISTRIBUTED TO NEWLY DIAGNOSED PATIENTS WITHIN A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U S

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**Form 990, Part III, Line 4c:**

WISH BASKETS CHILDREN DIAGNOSED WITH CANCER MUST ENDURE LONG HOURS OF BOREDOM AWAITING TREATMENT, GRUELING CHEMOTHERAPY SESSIONS, AND SPINAL TAPS THE BASKETS ARE FILLED WITH AGE APPROPRIATE EDUCATIONAL ITEMS TO HELP BUILD THE CHILD'S EXECUTIVE AND COGNITIVE FUNCTIONS, AS WELL AS MOTOR SKILLS AND A FEW FUN ITEMS TO BRING A SMILE TO THE CHILD'S FACE AND BRING LAUGHTER AND FUN INTO THE DAILY LIVES OF CHILDREN UNDERGOING CANCER CARE

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

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Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ 34,981 including grants of \$ ) (Revenue \$ )  
HUGS U WEAR HUGS U WEAR PROGRAM OFFERS HUMAN HAIR WIGS TO YOUNG CANCER PATIENTS WHO HAVE LOST THEIR OWN HAIR DUE TO CHEMOTHERAPY TREATMENTS THE HUG U WEAR IS A 100% HUMAN HAIR WIG THAT IS SEWN INTO A LIGHTWEIGHT CAP AND COMES WITH A DETACHABLE HAT THE CHILD CAN CHOOSE FROM SEVERAL STYLES TO HELP DEAL WITH THE STRESS AND EMBARRASSMENT OF HAIR LOSS HUGS U WEAR HELP PROMOTE A POSITIVE SELF-IMAGE TO EASE THE TRANSITION BACK TO NORMAL LIFE CHILDHOOD LEUKEMIA FOUNDATION HAS PROVIDED OVER 6,000 HUGS U WEAR TO CHILDREN IN NEED

(Code ) (Expenses \$ 23,926 including grants of \$ ) (Revenue \$ )  
OTHER PROGRAMS - ON AN ONGOING BASIS, CHILDHOOD LEUKEMIA FOUNDATION WORKS WITH SOCIAL WORKERS AND CHILD LIFE SPECIALISTS TO PLAY A PART IN PARTIES AND SPECIAL EVENTS ON LOCAL LEVELS THESE EVENTS BRING LAUGHTER, FUN AND CHEER INTO THE DAILY LIFE OF CHILDREN UNDERGOING CANCER CARE IN HOSPITALS ACROSS THE UNITED STATES

**SCHEDULE A**  
 (Form 990 or 990-EZ)  
 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.

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**2019**  
**Open to Public Inspection**

**Name of the organization**  
 CHILDHOOD LEUKEMIA FOUNDATION INC

**Employer identification number**  
 52-1825483

**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 or 990-EZ) )
- 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 **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 in 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>                       |          |  |   |    |   |   |

**PUBLIC VERSION**

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b>                                      | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |          |          |          |          |          |           |
| <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</b>                                      | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <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) |          |          |          |          |          |           |
| <b>6</b>                                      | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019  | (f) Total |
|---|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b>                                      | Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b>                                      | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |           |           |
| <b>9</b>                                      | Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b>                                     | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))  |          |          |          |          |           |           |
| <b>11</b>                                     | <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b>                                     | Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | <b>12</b> |           |
| <b>13</b>                                     | <b>First five 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 2019 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b>  | Public support percentage for 2018 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a</b> | <b>33 1/3% support test—2019.</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 type="checkbox"/>   |           |  |
| <b>b</b>   | <b>33 1/3% support test—2018.</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</b> | <b>10%-facts-and-circumstances test—2019.</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</b>   | <b>10%-facts-and-circumstances test—2018.</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</b>  | <b>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"/>  |           |  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 4,637,734 | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 17,656,684 |
| <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   | 4,637,734 | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 17,656,684 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |           |           |           |           |           | 0          |
| <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           |           |           |           |           |           | 0          |
| <b>c</b> Add lines 7a and 7b  |           |           |           |           |           | 0          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 17,656,684 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>9</b> Amounts from line 6  | 4,637,734 | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 17,656,684 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,901     | 1,746     | 1,016     | 1,634     | 6,486     | 12,783     |
| <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  | 1,901     | 1,746     | 1,016     | 1,634     | 6,486     | 12,783     |
| <b>11</b> Net income from unrelated business activities not included in 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.)  | 4,639,635 | 3,119,059 | 2,735,791 | 3,316,403 | 3,858,579 | 17,669,467 |

**14 First five 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 2019 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 99.930% |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                      | <b>16</b> | 99.960% |

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

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 0.070% |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17                        | <b>18</b> | 0.040% |

**19a 33 1/3% support tests—2019.** 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—2018.** 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

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**Part IV Supporting Organizations**

(Circular table completion instructions on the back of Form 990 or 990-EZ) If you checked 12c of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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</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</b> <b>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 (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 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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>   |     |    |

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**Part IV Supporting Organizations** (continued)

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|           |   |  |  |
|-----------|---|--|--|
| <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 in (b) and (c) below, the governing body of a supported organization? |  |  |
| <b>b</b>  | A family member of a person described in (a) above?   |  |  |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |  |  |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>  |     |    |

**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> |     |    |

**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 in (2), 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>  |     |    |

**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 ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <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> | Yes | No |
| <b>b</b> | Did the activities described in (a) 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 <b>Answer (a) and (b) below.</b>   |     |    |
| <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>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>  |     |    |

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

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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <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)                                 |                |                             |

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

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|           |  |  |
|-----------|--|--|
| <b>1</b>  | Amounts paid to supported organizations to accomplish exempt purposes  |  |
| <b>2</b>  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |  |
| <b>3</b>  | Administrative expenses paid to accomplish exempt purposes of supported organizations  |  |
| <b>4</b>  | Amounts paid to acquire exempt-use assets  |  |
| <b>5</b>  | Qualified set-aside amounts (prior IRS approval required)  |  |
| <b>6</b>  | Other distributions (describe in <b>Part VI</b> ) See instructions   |  |
| <b>7</b>  | <b>Total annual distributions.</b> Add lines 1 through 6   |  |
| <b>8</b>  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |  |
| <b>9</b>  | Distributable amount for 2019 from Section C, line 6   |  |
| <b>10</b> | Line 8 amount divided by Line 9 amount   |  |

| <b>Section E - Distribution Allocations</b><br>(see instructions)   | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|---|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6   |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions  |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019  |   |   |  |
| <b>a</b> From 2014. . . . .   |   |   |  |
| <b>b</b> From 2015. . . . .   |   |   |  |
| <b>c</b> From 2016. . . . .   |   |   |  |
| <b>d</b> From 2017. . . . .   |   |   |  |
| <b>e</b> From 2018. . . . .   |   |   |  |
| <b>f</b> <b>Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years   |   |   |  |
| <b>h</b> Applied to 2019 distributable amount   |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)   |   |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f  |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7  |   |   |  |
| <b>a</b> Applied to underdistributions of prior years   |   |   |  |
| <b>b</b> Applied to 2019 distributable amount   |   |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions |   |   |  |
| <b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions                        |   |   |  |
| <b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c   |   |   |  |
| <b>8</b> Breakdown of line 7  |   |   |  |
| <b>a</b> Excess from 2015. . . . .  |   |   |  |
| <b>b</b> Excess from 2016. . . . .  |   |   |  |
| <b>c</b> Excess from 2017. . . . .  |   |   |  |
| <b>d</b> Excess from 2018. . . . .  |   |   |  |
| <b>e</b> Excess from 2019. . . . .  |   |   |  |

PUBLIC VERSION

## Additional Data

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 175 of 309 \*-PUBLIC

**Software ID:**

**Software Version:**

**EIN:** 52-1825483

**Name:** CHILDHOOD LEUKEMIA FOUNDATION INC

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

**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)

Facts And Circumstances Test

**PUBLIC VERSION**

SCHEDULE D (Form 990)

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.

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Department of the Treasury Internal Revenue Service

Name of the organization CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number 52-1825483

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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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 are a 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 programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
3b Table with Yes/No columns
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.

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

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**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and Total.

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

**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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows (1) Federal income taxes, (2) through (9) and Total.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote on the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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**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.

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 3,856,117 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 3,856,117 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 9,910     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 9,910     |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 3,866,027 |

**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.

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 3,749,129 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 3,749,129 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 0         |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 3,749,129 |

**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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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## Additional Data

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 181 of 309 \*-PUBLIC

**Software ID:**

**Software Version:**

**EIN:** 52-1825483

**Name:** CHILDHOOD LEUKEMIA FOUNDATION INC

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE YEARS 2016, 2017 AND 2018 ARE OPEN FOR FEDERAL AND STATE EXAMINATION |

# Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| FEDERAL TRADE COMMISSION<br>PART XI, LINE 4B - OTHER<br>ADJUSTMENTS | OFFICE OF THE SECRETARY, EVERETT, WA 98201<br>INTEREST INCOME 6,486 GAIN ON TRADE-IN VEHICLE 3,424<br>SCAR, NO. 605569   PAGE Page 182 of 309 *-PUBLIC |

**SCHEDULE G**  
(Form 990 or 990-EZ)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

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**2019**  
**Open to Public Inspection**

Name of the organization  
CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number  
52-1825483

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser)                 | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| INNOVATIVE TELESERVICES<br>2740 PINE GROVE AVENUE<br>PORT HURON, MI 48060 | PHONE         |  | No | 2,990,187                         | 2,627,135  | 363,052   |
| MIDWEST PUBLISHING INC<br>10844 N 23RD AVENUE<br>PHOENIX, AZ 85029        | PHONE         |  | No | 342,554                           | 299,996  | 42,558  |
| JADENT INC<br>3795 RIVER RD N SUITE 3C<br>SALEM, OR 97308                 | PHONE         |  | No | 43,243                            | 33,333   | 9,910   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
| <b>Total</b>  |               |  |    | 3,375,984                         | 2,960,464  | 415,520   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 4 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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

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**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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**Schedule J**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
 FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page  
**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.**

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**2019**  
**Open to Public Inspection**

Name of the organization  
CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number  
52-1825483

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> 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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |    |
| <b>b</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   | <b>1b</b> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?   | <b>2</b>  |    |
| <b>3</b> Indicate which, if any, of the following the filing 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<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |           |    |
| <b>4</b> 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  |           |    |
| <b>a</b> Receive a severance payment or change-of-control payment?  | <b>4a</b> | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | <b>4b</b> | No |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   | <b>4c</b> | No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |           |    |
| <b>5</b> 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  |           |    |
| <b>a</b> The organization?  | <b>5a</b> | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III  | <b>5b</b> | No |
| <b>6</b> 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  |           |    |
| <b>a</b> The organization?  | <b>6a</b> | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III  | <b>6b</b> | No |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III  | <b>7</b>  | No |
| <b>8</b> 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  | <b>8</b>  | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>  |    |

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**Part III** Supplemental Information

Provide the information, explanation, and any other information requested in the instructions for this part of the form.

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE O**  
(Form 990 or 990-EZ)**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 990-EZ.

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

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**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number

52-1825483

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | LOU RUSSO AND DIANE RUSSO ARE HUSBAND AND WIFE<br><br><b>PUBLIC VERSION</b> |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | FEDERAL TRADE COMMISSION   OFFICE OF THE SECRETARY   FILED 09/09/22   OSCAR NO. 605569   PAGE Page 190 of 309 *-PUBLIC<br><br>THE BOARD AND BOARD ATTORNEY REVIEW THE FINANCIAL STATEMENTS<br><br><b>PUBLIC VERSION</b> |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE POLICY IS REVIEWED ANNUALLY AND FULL DISCLOSURES ARE REQUIRED IF THERE ARE ANY RELATED PARTY TRANSACTIONS<br><br><b>PUBLIC VERSION</b> |

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 191 of 309 \*-PUBLIC

Form 990 TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 192 of 309 \*PUBLIC  
Department of the Treasury Internal Revenue Service

# 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.

OMB No. 1545-0047  
192 of 309 \*PUBLIC  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
CHILDHOOD LEUKEMIA FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
807 MANTOLOKING ROAD 202

City or town, state or province, country, and ZIP or foreign postal code  
BRICK, NJ 08723

**D** Employer identification number  
52-1825483

**E** Telephone number  
(732) 920-8860

**F** Name and address of principal officer:  
BARBARA HARAMIS  
807 MANTOLOKING ROAD 202  
BRICK, NJ 08723

**G** Gross receipts \$ 4,121,072

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.CLF4KIDS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1992 **M** State of legal domicile: NJ

## Part I Summary

|   |   |  |           |              |           |
|---|---|--|-----------|--------------|-----------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>TO EDUCATE, EMPOWER AND LIFT THE SPIRITS OF CHILDREN SUFFERING WITH THE DEVASTATING EFFECTS OF CANCER THROUGHOUT THE UNITED STATES. |  |           |              |           |
|   | <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>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | 7         |              |           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | 5         |              |           |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>   | 5         |              |           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | 75        |              |           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | 0         |              |           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39                     | <b>7b</b>   | 0  |           |              |           |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year   | 3,852,093 | Current Year | 4,112,833 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   |  | 0         |              | 0         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |  | 9,910     |              | 5,663     |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |  | 4,024     |              | 2,576     |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  | 3,866,027 |              | 4,121,072 |
|   | Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) |           | 0            |           |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   |  | 0         |              | 0         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |   |  | 445,567   |              | 444,010   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   |  | 2,960,921 |              | 3,126,831 |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,194,394              |   |  |           |              |           |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |   |  | 342,641   |              | 364,596   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         |   | 3,749,129  |           | 3,935,437    |           |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              |   | 116,898  |           | 185,635      |           |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year  | 1,148,861 | End of Year  | 1,308,287 |
|   | <b>21</b> Total liabilities (Part X, line 26)   |  | 95,091    |              | 68,881    |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  |  | 1,053,770 |              | 1,239,406 |

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
Date: 2021-05-11

BARBARA REID-HARAMIS EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2021-05-10  
Check  if self-employed PTIN: P00836358

Firm's name ▶ HOLMAN FRENIA ALLISON PC Firm's EIN ▶ 22-3480145

Firm's address ▶ 1985 CEDAR BRIDGE AVENUE SUITE 3  
LAKEWOOD, NJ 08701 Phone no. (732) 797-1333

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

FEDERAL TRADE COMMISSION, OFFICE OF THE SECRETARY, FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 193 of 309 \*-PUBLIC

1 Briefly describe the organization's mission:

TO EDUCATE, EMPOWER AND LIFT THE SPIRITS OF CHILDREN SUFFERING WITH THE DEVASTATING EFFECTS OF CANCER THROUGHOUT THE UNITED STATES. FOR ALL OF THE MIRACLES THAT MODERN MEDICINE CAN PERFORM, THE HEALING NEEDS OF THE HEART, MIND AND SPIRIT REMAIN CENTRAL TO THE FIGHT AGAINST CANCER. CHILDHOOD LEUKEMIA FOUNDATION PROUDLY PROMOTES PATIENT EDUCATION, ADVOCACY, SELF-ESTEEM AND MOST OF ALL SMILES TO CHILDREN LIVING WITH CANCER SINCE 1992. CHILDHOOD LEUKEMIA FOUNDATION HAS ESTABLISHED A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U.S. TO SUPPORT AND EMPOWER OVER 230,000 YOUNG CANCER PATIENTS (NEWBORN TO AGE TWENTY-ONE) THROUGH OUR VARIOUS PROGRAMS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 107,034 including grants of \$ ) (Revenue \$ ) See Additional Data

4b (Code: ) (Expenses \$ 38,151 including grants of \$ ) (Revenue \$ ) See Additional Data

4c (Code: ) (Expenses \$ 40,434 including grants of \$ ) (Revenue \$ ) See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.) (Expenses \$ 478,980 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 664,599

PUBLIC VERSION

Part IV Checklist of Required Schedules

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22| OSCAR NO. 605569 | PAGE Page 194 of 309

Yes P J N C

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
  - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b** Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

|            | Yes | P | J | N  | C |
|------------|-----|---|---|----|---|
| <b>1</b>   | Yes |   |   |    |   |
| <b>2</b>   | Yes |   |   |    |   |
| <b>3</b>   |     |   |   | No |   |
| <b>4</b>   |     |   |   | No |   |
| <b>5</b>   |     |   |   | No |   |
| <b>6</b>   |     |   |   | No |   |
| <b>7</b>   |     |   |   | No |   |
| <b>8</b>   |     |   |   | No |   |
| <b>9</b>   |     |   |   | No |   |
| <b>10</b>  |     |   |   | No |   |
| <b>11a</b> | Yes |   |   |    |   |
| <b>11b</b> |     |   |   | No |   |
| <b>11c</b> |     |   |   | No |   |
| <b>11d</b> |     |   |   | No |   |
| <b>11e</b> |     |   |   | No |   |
| <b>11f</b> | Yes |   |   |    |   |
| <b>12a</b> | Yes |   |   |    |   |
| <b>12b</b> |     |   |   | No |   |
| <b>13</b>  |     |   |   | No |   |
| <b>14a</b> |     |   |   | No |   |
| <b>14b</b> |     |   |   | No |   |
| <b>15</b>  |     |   |   | No |   |
| <b>16</b>  |     |   |   | No |   |
| <b>17</b>  | Yes |   |   |    |   |
| <b>18</b>  |     |   |   | No |   |
| <b>19</b>  |     |   |   | No |   |
| <b>20a</b> |     |   |   | No |   |
| <b>20b</b> |     |   |   |    |   |
| <b>21</b>  |     |   |   | No |   |

PUBLIC VERSION

Part IV Checklist of Required Schedules (continued)

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 195 of 300

UJENIC

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

PUBLIC VERSION

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, response boxes (2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and a 'PUBLIC' column. Includes questions about Form 990-T, gross income, foreign accounts, prohibited transactions, and charitable contributions.

PUBLIC VERSION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. FEDERAL TRADE COMMISSION OFFICE OF THE SECRETARY, FILED 09/22/21 OSCAR NO. 605569 PAGE Page 197 of 309 \*-PUBLIC

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (5), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NJ
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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: BARBARA REID-HARAMIS 807 MANTOLOKING ROAD SUITE 202 BRICK, NJ 08723 (732) 920-8860

PUBLIC VERSION





Part VIII Statement of Revenue

FEDERAL TRADE COMMISSION OFFICE OF THE SECRETARY (FID) 09/01/20 OSCAR NO. 605569 | PAGE Page 200 of 309 \*-PUBLIC

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|--|--|--|----------------------|--|---|--|
|--|--|--|----------------------|--|---|--|

|   |   |           |           |           |  |  |
|---|---|-----------|-----------|-----------|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .   | <b>1a</b> |           |           |  |  |
|   | <b>b</b> Membership dues . . .  | <b>1b</b> |           |           |  |  |
|   | <b>c</b> Fundraising events . . .   | <b>1c</b> |           |           |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b> |           |           |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b> | 69,870    |           |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b> | 4,042,963 |           |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f:\$                             | <b>1g</b> | 4,561     |           |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |           |           | 4,112,833 |  |  |

|                                |   |               |  |  |  |  |
|--------------------------------|---|---------------|--|--|--|--|
| <b>Program Service Revenue</b> | <b>2a</b>                                   | Business Code |  |  |  |  |
|                                | <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) . . . . . ▶  |                | 5,363         |       |     | 5,363 |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶  |                |               |       |     |       |
|  | <b>5</b> Royalties . . . . . ▶   |                |               |       |     |       |
|  | <b>6a</b> Gross rents  | (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>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities | (ii) Other    | 300   |     |       |
|  | <b>b</b> Less: cost or other basis and sales expenses  | <b>7b</b>      |               | 0     |     |       |
|  | <b>c</b> Gain or (loss)  | <b>7c</b>      |               | 300   |     |       |
|  | <b>d</b> Net gain or (loss) . . . . . ▶  |                |               | 300   | 300 |       |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>      |               |       |     |       |
|  | <b>b</b> Less: direct expenses . . . . .   | <b>8b</b>      |               |       |     |       |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                |               |       |     |       |
|  | <b>9a</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>10a</b> Gross sales of inventory, less returns and allowances . . . . . | <b>10a</b>   |                |               |       |     |       |
| <b>b</b> Less: cost of goods sold . . . . .                                | <b>10b</b>   |                |               |       |     |       |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶          |  |                |               |       |     |       |
| Miscellaneous Revenue  | Business Code  |                |               |       |     |       |
| <b>11a</b> OTHER INCOME  | 900099   | 2,576          | 2,576         |       |     |       |
| <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 . . . . . ▶                      |  |                | 4,121,072     | 2,876 | 0   | 5,363 |

PUBLIC VERSION

Part IX Statement of Functional Expenses

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 201 of 309 PUBLIC

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc., with numerical values.

PUBLIC VERSION

**Part X Balance Sheet**

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 202 of 309 \*-PUBLIC  
 Check if Schedule C contains a response of those to any line in this Part IX

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 330,391                  | <b>1</b>  | 517,485            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 376,412                  | <b>2</b>  | 367,313            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  | 15,396                   | <b>4</b>  | 15,950             |
|   | <b>5</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>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 . . . . .   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,929                    | <b>9</b>  | 2,772              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 723,148       |           |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 318,381       | 423,733   | <b>10c</b> 404,767 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . |  | 1,148,861                | <b>16</b> | 1,308,287          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 89,571                   | <b>17</b> | 66,121             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</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>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 5,520                    | <b>23</b> | 2,760              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</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  |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 95,091    | <b>26</b>          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |           |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 1,053,770                | <b>27</b> | 1,239,406          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b> |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |           |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b> |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b> |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         |  | 1,053,770                | <b>32</b> | 1,239,406          |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            |  | 1,148,861                | <b>33</b> | 1,308,287          |

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**Part XI Reconciliation of Net Assets**

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|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,121,072 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 3,935,437 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 185,635   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,053,770 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 1,239,406 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

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## Additional Data

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**Software ID:**

**Software Version:**

**EIN:** 52-1825483

**Name:** CHILDHOOD LEUKEMIA FOUNDATION INC

Form 990 (2020)

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### Form 990, Part III, Line 4a:

KEEPING KIDS CONNECTED IPADS:THE KEEPING KIDS CONNECTED IPAD PROGRAM ALLOWS YOUNG CANCER PATIENTS TO REMAIN CONNECTED TO THEIR FAMILY, FRIENDS AND SCHOOLWORK WHILE ACTIVELY RECEIVING CANCER TREATMENT. FACETIME, EMAIL AND TEXTS PROVIDE EMOTIONAL AND PSYCHOLOGICAL SUPPORT TO HOSPITALIZED PATIENTS. IPADS ALSO OFFER AGE APPROPRIATE DISTRACTIONS TO HELP CHILDREN COPE WITH THE ANXIETY AND BOREDOM ASSOCIATED WITH CANCER TREATMENT AND HOSPITAL CONFINEMENT. PLAYING A GAME, OR ENGAGING IN ARTISTIC OR MUSICAL ACTIVITY, CAN RELAX A CHILD AND REDUCE THE PERCEIVED TRAUMA. OVERALL, THE IPAD IS A WELCOMED TOOL FOR THESE PATIENTS TO STAY CONNECTED TO THEIR LIVES WHILE IN THE HOSPITAL.

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**Form 990, Part III, Line 4b:**

HOPE BINDERS: HOPE BINDERS IMPROVE A PATIENT'S LEVEL OF HEALTH LITERACY. PEDIATRIC ONCOLOGY PATIENTS AND THEIR FAMILIES ARE OVERWHELMED WITH THE AMOUNT OF MEDICAL AND INSURANCE INFORMATION ASSOCIATED WITH A CHRONIC ILLNESS SUCH AS CANCER. OUR HOPE BINDER HAS 12 SECTIONS TO REFERENCE AND FEDERAL TRADE COMMISSION STAFF OFFICE OF HEALTH CARE SECRETARY APPOINTED 09/09/22 ID: 605569 | PAGE 4 OF 205 OF 309 PUBLIC HAVE DISTRIBUTED OVER 20,000 HOPE BINDERS TO NEWLY DIAGNOSED PATIENTS WITHIN A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U.S.

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**Form 990, Part III, Line 4c:**

HUGS U WEAR: OUR HUGS U WEAR PROGRAM OFFERS HUMAN HAIR WIGS TO YOUNG CANCER PATIENTS WHO HAVE LOST THEIR OWN HAIR DUE TO CHEMOTHERAPY TREATMENTS. THE HUG U WEAR IS A CUSTOM-MADE, HUMAN HAIR WIG BUILT INTO A LIGHTWEIGHT CAP. IT COMES WITH A DETACHABLE HAT. THE CHILD CAN CHOOSE FROM SEVERAL STYLES AND COLORS AND THE HUGS U WEAR PROGRAM OFFERS HUMAN HAIR WIGS TO YOUNG CANCER PATIENTS WHO HAVE LOST THEIR OWN HAIR DUE TO CHEMOTHERAPY TREATMENTS. WE HAVE PROVIDED OVER 6,000 HUGS U WEAR TO CHILDREN IN NEED THROUGHOUT THE U.S.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

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Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ 74,814 including grants of \$ ) (Revenue \$ )  
EDUCATIONAL WISH BASKETS:CHILDREN DIAGNOSED WITH CANCER MUST ENDURE LONG HOURS OF BOREDOM AWAITING TREATMENT, GRUELING CHEMOTHERAPY SESSIONS, AND SPINAL TAPS. EDUCATIONAL WISH BASKETS LIFT THE SPIRITS OF THESE YOUNG CANCER PATIENTS DURING A VERY DIFFICULT TIME IN THEIR LIVES. THE BASKETS INCLUDE AGE APPROPRIATE AND S.T.E.A.M. INSPIRED (SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATHEMATICS) ITEMS TO ENGAGE, CHALLENGE AND EDUCATE HOSPITALIZED PEDIATRIC CANCER PATIENTS. THE EDUCATIONAL WISH BASKET PROGRAM BRINGS EDUCATION, LAUGHTER, AND FUN INTO THE DAILY LIVES OF MANY CHILDREN UNDERGOING CANCER CARE. TO DATE, CHILDHOOD LEUKEMIA FOUNDATION HAS DISTRIBUTED OVER 8,000 WISH BASKETS TO SOME VERY DESERVING CHILDREN THROUGHOUT THE U.S.

(Code: ) (Expenses \$ 404,155 including grants of \$ ) (Revenue \$ )  
HOSPITAL VISITS, SPECIAL REQUESTS, AND OTHER PROGRAMS

**SCHEDULE A**  
 FEDERAL TRADE COMMISSION  
 (Form 990 or 990-EZ)

**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  
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**2020**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**Name of the organization**  
 CHILDHOOD LEUKEMIA FOUNDATION INC

**Employer identification number**  
 52-1825483

**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 or 990-EZ).)
- 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 **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 in 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>                       |          |  |   |    |   |   |

**PUBLIC VERSION**

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 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support
Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage
Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test—2020; 16b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; 17b 10%-facts-and-circumstances test—2019; 18 Private foundation.

PUBLIC VERSION

**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 I. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 4,112,834 | 17,131,784 |
| <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 . . . . .   | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 4,112,834 | 17,131,784 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |           |           |           |           |           | 0          |
| <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. . . . .            |           |           |           |           |           | 0          |
| <b>c</b> Add lines 7a and 7b. . . . .   |           |           |           |           |           | 0          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |           |           |           |           |           | 17,131,784 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>9</b> Amounts from line 6. . . . .   | 3,117,313 | 2,734,775 | 3,314,769 | 3,852,093 | 4,112,834 | 17,131,784 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 1,746     | 1,016     | 1,634     | 6,486     | 5,663     | 16,545     |
| <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. . . . .   | 1,746     | 1,016     | 1,634     | 6,486     | 5,663     | 16,545     |
| <b>11</b> Net income from unrelated business activities not included in 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.) . . . . .  | 3,119,059 | 2,735,791 | 3,316,403 | 3,858,579 | 4,118,497 | 17,148,329 |

**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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 99.900 % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 99.930 % |

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

|  |           |         |
|--|-----------|---------|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | 0.100 % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | 0.070 % |

**19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

PUBLIC VERSION



**Part IV Supporting Organizations** (continued)

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 212 of 309 **Yes** **BLIND**

|           |   |  |  |
|-----------|---|--|--|
| <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 in lines 11b and 11c below, the governing body of a supported organization? |  |  |
| <b>b</b>  | A family member of a person described in 11a above?   |  |  |
| <b>c</b>  | A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>                                   |  |  |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>  |     |    |

**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> |     |    |

**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 in 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>   |     |    |

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

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

**2** Activities Test. **Answer lines 2a and 2b below.**

|          |  | Yes | No |
|----------|--|-----|----|
| <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 in line 2a 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>  |     |    |

**3** 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> |  |  |

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1990 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <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)                                 |                |                             |

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

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|   |           |  |
|---|-----------|--|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>  |  |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>  |  |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>  |  |
| <b>4</b> Amounts paid to acquire exempt-use assets  | <b>4</b>  |  |
| <b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )  | <b>5</b>  |  |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions   | <b>6</b>  |  |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>  |  |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions | <b>8</b>  |  |
| <b>9</b> Distributable amount for 2020 from Section C, line 6   | <b>9</b>  |  |
| <b>10</b> Line 8 amount divided by Line 9 amount  | <b>10</b> |  |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020:  |                                     |   |  |
| <b>a</b> From 2015. . . . .  |                                     |   |  |
| <b>b</b> From 2016. . . . .  |                                     |   |  |
| <b>c</b> From 2017. . . . .  |                                     |   |  |
| <b>d</b> From 2018. . . . .  |                                     |   |  |
| <b>e</b> From 2019. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7:  |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2018. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2019. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2020. . . . .   |                                     |   |  |

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**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).

Facts And Circumstances Test

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SCHEDULE D (Form 990) FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 07/09/21 USCA11 Case: 21-605569 | PAGE Page 216 of 399 \* PUBLIC

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
2020
Open to Public Inspection

Name of the organization
CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number
52-1825483

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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 are a 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 programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (B) through (I), and Total.

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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**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.

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 4,115,410 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 4,115,410 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 5,663     |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 5,663     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 4,121,073 |

**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.

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 3,935,437 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 3,935,437 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> | 0         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 3,935,437 |

**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.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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**Part XIII** Supplemental Information (continued)

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Return Reference

Explanation

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## Additional Data

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**Software ID:**

**Software Version:**

**EIN:** 52-1825483

**Name:** CHILDHOOD LEUKEMIA FOUNDATION INC

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2016, 2017 AND 2018 ARE OPEN FOR FEDERAL AND STATE EXAMINATION. |

# Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| FEDERAL TRADE COMMISSION, OFFICE OF THE SECRETARY, INVESTMENT INCOME ADJUSTMENTS:<br>PART XI, LINE 4B - OTHER | INVESTMENT INCOME 5,663.<br>PUBLIC VERSION<br>SCAR NO. 605569   PAGE Page 222 of 309 *-PUBLIC |

**SCHEDULE G**  
 (Form 990 or 990-EZ)  
 DEPARTMENT OF THE TREASURY  
 Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2020**  
**Open to Public Inspection**

Name of the organization  
 CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number  
 52-1825483

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                 | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| INNOVATIVE TELESERVICES<br>2740 PINE GROVE AVENUE<br>PORT HURON, MI 48060 | PHONE         |  | No | 3,057,159                         | 2,694,219   | 362,940   |
| MIDWEST PUBLISHING INC<br>10844 N 23RD AVENUE<br>PHOENIX, AZ 85029        | PHONE         |  | No | 460,709                           | 402,712   | 57,997  |
| JADENT INC<br>3795 RIVER RD N SUITE 3C<br>SALEM, OR 97308                 | PHONE         |  | No | 36,152                            | 29,901  | 6,251   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 3,554,020                         | 3,126,832   | 427,188   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 4 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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

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**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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**Schedule J**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
 FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page  
**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.**

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**2020**  
**Open to Public Inspection**

Name of the organization  
CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number  
52-1825483

**Part I Questions Regarding Compensation**

|   | Yes                                 | No             |
|---|-------------------------------------|----------------|
| <b>1a</b> 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.<br><br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |                                     |                |
| <b>b</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   | <b>1b</b>                           |                |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?   | <b>2</b>                            |                |
| <b>3</b> Indicate which, if any, of the following the filing 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.<br><br><input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><br><input checked="" type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |                                     |                |
| <b>4</b> 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:<br><br><b>a</b> Receive a severance payment or change-of-control payment?<br><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4a</b><br><b>4b</b><br><b>4c</b> | No<br>No<br>No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |                                     |                |
| <b>5</b> 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:<br><br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5a</b><br><b>5b</b>              | No<br>No       |
| <b>6</b> 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:<br><br><b>a</b> The organization?<br><b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6a</b><br><b>6b</b>              | No<br>No       |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.   | <b>7</b>                            | No             |
| <b>8</b> 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.   | <b>8</b>                            | No             |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>                            |                |

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**Part III** Supplemental Information

Provide the information, explanation, and return reference for each item of information.

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE O**  
(Form 990 or 990-EZ)**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 990-EZ.

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

OMB No. 1545-0047

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**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

CHILDHOOD LEUKEMIA FOUNDATION INC

Employer identification number

52-1825483

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 2 | LOU RUSSO AND DIANE RUSSO ARE HUSBAND AND WIFE.<br><br><b>PUBLIC VERSION</b> |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | FEDERAL TRADE COMMISSION   OFFICE OF THE SECRETARY   FILED 09/09/22   OSCAR NO. 605569   PAGE Page 230 of 309 *-PUBLIC<br><br>THE BOARD AND BOARD ATTORNEY REVIEW THE FINANCIAL STATEMENTS.<br><br><b>PUBLIC VERSION</b> |

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE POLICY IS REVIEWED ANNUALLY AND FULL DISCLOSURES ARE REQUIRED IF THERE ARE ANY RELATED PARTY TRANSACTIONS.<br><br><b>PUBLIC VERSION</b> |

FEDERAL TRADE COMMISSION | OFFICE OF THE SECRETARY | FILED 09/09/22 | OSCAR NO. 605569 | PAGE Page 231 of 309 \*-PUBLIC

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | COMPENSATION FOR ALL TOP MANAGEMENT HAS BEEN REVIEWED AND APPROVED BY THE BOARD. COMPENSATION FOR THE CEO AND OTHER TOP MANAGEMENT HAS MET THE STANDARDS OF CONTEMPORANEOUS SUBSTANTIATION BY OBTAINING OCCUPATIONAL PROFILES FROM THE DEPT. OF LABOR AND WORKFORCE DEVT. USING SIMILAR INDUSTRIES, GEOGRAPHIC AREAS AND NON-PROFIT STATUS. SALARY DETERMINATIONS HAVE ALSO BEEN OBTAINED FROM PRIVATE AND PUBLIC SECTOR FOR TOP MANAGEMENT POSITIONS. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | FEDERAL TRADE COMMISSION   OFFICE OF THE SECRETARY   FILED 09/09/22   OSCAR NO. 605569   PAGE Page 233 of 309 *-PUBLIC<br><br>ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.<br><br><b>PUBLIC VERSION</b> |

Form **990**

# Return of Organization Exempt From Income Tax

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CHILDHOOD LEUKEMIA FOUNDATION, INC.</b>   |  | <b>D</b> Employer identification number<br><b>** - ***5483</b>  |
|  | Doing business as   |  | <b>E</b> Telephone number<br><b>732-920-8860</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>807 MANTOLOKING ROAD #202</b> | <b>G</b> Gross receipts \$ <b>3,510,998.</b> |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>BRICK, NJ 08723</b>                        |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>F</b> Name and address of principal officer: <b>BARBARA HARAMIS</b><br><b>807 MANTOLOKING ROAD #202, BRICK, NJ 08723</b>  |   |  |   |
| <b>I</b> Tax-exempt status: <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</b> Website: <b>WWW.CLF4KIDS.ORG</b>  |   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  | <b>L</b> Year of formation: <b>1992</b>   |
|  |   |  | <b>M</b> State of legal domicile: <b>NJ</b>   |

| Part I Summary  |   |   |  |
|---|---|---|--|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EDUCATE, EMPOWER AND LIFT THE SPIRITS OF CHILDREN SUFFERING WITH THE DEVASTATING EFFECTS OF CANCER</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>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>7</b>                                 |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>5</b>                                 |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | <b>5</b>  | <b>4</b>                                 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>50</b>                                |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0.</b>                                |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>   | <b>0.</b>                                |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br><b>4,112,833.</b>                | <b>Current Year</b><br><b>3,505,438.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>0.</b>   | <b>0.</b>                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>5,663.</b>   | <b>1,575.</b>                            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>2,576.</b>   | <b>3,985.</b>                            |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>4,121,072.</b>                                     | <b>3,510,998.</b>                        |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>   | <b>0.</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>444,010.</b>                                       | <b>455,427.</b>                          |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>3,126,831.</b>                                     | <b>2,687,455.</b>                        |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,880,870.</b>  |   |  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>364,596.</b>                                       | <b>517,331.</b>                          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>3,935,437.</b>   | <b>3,660,213.</b>                                     |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>185,635.</b>   | <b>-149,215.</b>                                      |  |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>1,308,287.</b> | <b>End of Year</b><br><b>1,169,163.</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>68,881.</b>  | <b>78,972.</b>                           |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>1,239,406.</b>                                     | <b>1,090,191.</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<br>   | Date<br><b>5/9/2022</b>           |   |   |                          |
|                               | <b>BARBARA HARAMIS, EXECUTIVE DIRECTOR</b><br>Type or print name and title |                                   |   |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>CRAIG R. JOHNSON</b>                      | Preparer's signature<br>          | Date<br><b>05/09/22</b>   | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00836358</b> |
|                               | Firm's name<br><b>HOLMAN FRENIA ALLISON P.C.</b>                           | Firm's EIN<br><b>** - ***0145</b> | Firm's address<br><b>1985 CEDAR BRIDGE AVENUE, SUITE 3<br/>LAKEWOOD, NJ 08701</b> |   |                          |
|                               |  |                                   |   |   | Phone no. (732) 797-1333 |

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

SEE SCHEDULE O FOR ORGANIZATION STATEMENT CONTINUATION

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO EDUCATE, EMPOWER AND LIFT THE SPIRITS OF CHILDREN SUFFERING WITH THE DEVASTATING EFFECTS OF CANCER THROUGHOUT THE UNITED STATES. FOR ALL OF THE MIRACLES THAT MODERN MEDICINE CAN PERFORM, THE HEALING NEEDS OF THE HEART, MIND AND SPIRIT REMAIN CENTRAL TO THE FIGHT**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **285,685.** including grants of \$ ) (Revenue \$ )  
**KEEPING KIDS CONNECTED IPADS:**

**THE KEEPING KIDS CONNECTED IPAD PROGRAM ALLOWS YOUNG CANCER PATIENTS TO REMAIN CONNECTED TO THEIR FAMILY, FRIENDS AND SCHOOLWORK WHILE ACTIVELY RECEIVING CANCER TREATMENT. FACETIME, EMAIL AND TEXTS PROVIDE EMOTIONAL AND PSYCHOLOGICAL SUPPORT TO HOSPITALIZED PATIENTS. IPADS ALSO OFFER AGE APPROPRIATE DISTRACTIONS TO HELP CHILDREN COPE WITH THE ANXIETY AND BOREDOM ASSOCIATED WITH CANCER TREATMENT AND HOSPITAL CONFINEMENT. PLAYING A GAME, OR ENGAGING IN ARTISTIC OR MUSICAL ACTIVITY, CAN RELAX A CHILD AND REDUCE THE PERCEIVED TRAUMA. OVERALL, THE IPAD IS A WELCOMED TOOL FOR THESE PATIENTS TO STAY CONNECTED TO THEIR LIVES WHILE IN THE HOSPITAL.**

4b (Code: ) (Expenses \$ **33,543.** including grants of \$ ) (Revenue \$ )  
**HOPE BINDERS:**

**HOPE BINDERS IMPROVE A PATIENT'S LEVEL OF HEALTH LITERACY. PEDIATRIC ONCOLOGY PATIENTS AND THEIR FAMILIES ARE OVERWHELMED WITH THE AMOUNT OF MEDICAL AND INSURANCE INFORMATION ASSOCIATED WITH A CHRONIC ILLNESS SUCH AS CANCER. OUR HOPE BINDER HAS 12 SECTIONS TO REFERENCE AND RECORD MEDICAL INFORMATION REGARDING THE CHILD'S TREATMENT. ADDITIONALLY, THE BINDERS INCLUDE HELPFUL HINTS AND VALUABLE RESOURCES. WE HAVE DISTRIBUTED OVER 20,000 HOPE BINDERS TO NEWLY DIAGNOSED PATIENTS WITHIN A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U.S.**

4c (Code: ) (Expenses \$ **42,577.** including grants of \$ ) (Revenue \$ )  
**HUGS U WEAR:**

**OUR HUGS U WEAR PROGRAM OFFERS HUMAN HAIR WIGS TO YOUNG CANCER PATIENTS WHO HAVE LOST THEIR OWN HAIR DUE TO CHEMOTHERAPY TREATMENTS. THE HUG U WEAR IS A CUSTOM-MADE, HUMAN HAIR WIG SEWN INTO A LIGHTWEIGHT CAP. IT COMES WITH A DETACHABLE HAT. THE CHILD CAN CHOOSE FROM SEVERAL STYLES TO HELP DEAL WITH THE STRESS AND EMBARRASSMENT OF HAIR LOSS. HUGS U WEAR PROMOTES A POSITIVE SELF-IMAGE AND EASE THE TRANSITION BACK TO NORMAL LIFE. WE HAVE PROVIDED OVER 6,000 HUGS U WEAR TO CHILDREN IN NEED THROUGHOUT THE U.S.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ **343,384.** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **705,189.**

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4 <b>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> .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| 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> ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|            | 2a   |     | 4  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                 | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?         |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
|            | 7d   |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                       | 15  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | 16  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069. | 17  |    |

**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**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| 1a | 7  |     |    |
| b  | Enter the number of voting members included on line 1a, above, who are independent .....   |     |    |
| 1b | 5  |     |    |
| 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 foundation 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  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  |     | X  |
| 7b |  |     |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body? .....  | X   |    |
| 8a |  |     |    |
| b  | Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| 8b |  |     |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....   |     | X  |
| 9  |  |     |    |

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **BARBARA REID-HARAMIS - 732-920-8860**  
**807 MANTOLOKING ROAD SUITE 202, BRICK, NJ 08723**





**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>   |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>   |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>   |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>   |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...   | <b>1f</b> 3,505,438.  |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f  | <b>1g</b> \$ 9,732.   |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   | 3,505,438.                         |                            |  |  |
| <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) .....   |   | 1,402.                             |                            | 1,402.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |   |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |   |                                    |                            |  |  |
|   | <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                 |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses ..... | <b>7b</b>                          |                            | 0.   |  |
|   |   | <b>c</b> Gain or (loss) .....                               | <b>7c</b>                          |                            | 173.   |  |
|   | <b>d</b> Net gain or (loss) .....   |   |                                    | 173.                       | 173.   |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                                    |                            |  |  |
|   | <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                                    |                            |  |  |
|   | <b>c</b> Net income or (loss) from fundraising events .....   |   |                                    |                            |  |  |
|   | <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>  |   |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....                                 | <b>10b</b>  |   |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....             |   |   |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> OTHER INCOME  | <b>Business Code</b>  | 900099                             | 3,985.                     | 3,985.   |  |
|   | <b>b</b> _____  |   |                                    |                            |  |  |
|   | <b>c</b> _____  |   |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |   |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |   |                                    | 3,985.                     |  |  |
| <b>12 Total revenue.</b> See instructions                               |   |   | 3,510,998.                         | 4,158.                     | 0.   |  |
|   |   |   |                                    | 1,402.                     |  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   |                       |                                 |  |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   | 410,761.              | 312,178.                        | 57,507.                                | 41,076.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 44,666.               | 33,944.                         | 5,554.                                 | 5,168.                      |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 208.                  |                                 | 62.                                    | 146.                        |
| c Accounting   |                       |                                 |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 2,687,455.            |                                 |  | 2,687,455.                  |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch. O.)  | 46,736.               | 32,714.                         | 3,273.                                 | 10,749.                     |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 14,387.               | 12,948.                         |  | 1,439.                      |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 10,799.               | 9,180.                          | 971.                                   | 648.                        |
| 17 Travel  | 1,432.                | 1,290.                          | 142.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 18,928.               | 17,413.                         | 1,515.                                 |                             |
| 23 Insurance   | 6,172.                | 4,875.                          | 618.                                   | 679.                        |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>KEEPING KIDS CONNECTED</b>  | 126,316.              | 126,316.                        |  |                             |
| b <b>PUBLICATIONS &amp; SUBSCRIP</b>   | 120,427.              |                                 | 325.                                   | 120,102.                    |
| c <b>OTHER PROGRAM SUPPLIES</b>  | 48,169.               | 48,169.                         |  |                             |
| d <b>WISH BASKET SUPPLIES</b>  | 43,703.               | 43,703.                         |  |                             |
| e All other expenses   | 80,054.               | 62,459.                         | 4,187.                                 | 13,408.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 3,660,213.            | 705,189.                        | 74,154.                                | 2,880,870.                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                      |                       |                                 |  |                             |

Check here  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)<br>Beginning of year  |            | (B)<br>End of year |            |          |
|------------------------------------|---|---|------------|--------------------|------------|----------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing .....   | 517,485.   | 1                  | 675,805.   |          |
|                                    | 2   | Savings and temporary cash investments .....  | 367,313.   | 2                  | 81,125.    |          |
|                                    | 3   | Pledges and grants receivable, net .....  |            | 3                  |            |          |
|                                    | 4   | Accounts receivable, net .....  | 15,950.    | 4                  | 22,716.    |          |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |            | 5                  |            |          |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |            | 6                  |            |          |
|                                    | 7   | Notes and loans receivable, net .....   |            | 7                  |            |          |
|                                    | 8   | Inventories for sale or use .....   |            | 8                  |            |          |
|                                    | 9   | Prepaid expenses and deferred charges .....   | 2,772.     | 9                  | 3,677.     |          |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a        | 723,148.           |            |          |
|                                    | b   | Less: accumulated depreciation .....  | 10b        | 337,308.           | 10c        | 385,840. |
|                                    | 11  | Investments - publicly traded securities .....  |            | 11                 |            |          |
|                                    | 12  | Investments - other securities. See Part IV, line 11 .....  |            | 12                 |            |          |
|                                    | 13  | Investments - program-related. See Part IV, line 11 .....   |            | 13                 |            |          |
|                                    | 14  | Intangible assets .....   |            | 14                 |            |          |
|                                    | 15  | Other assets. See Part IV, line 11 .....  |            | 15                 |            |          |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....  | 1,308,287.  | 16         | 1,169,163.         |            |          |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses .....   | 66,121.    | 17                 | 78,742.    |          |
|                                    | 18  | Grants payable .....  |            | 18                 |            |          |
|                                    | 19  | Deferred revenue .....  |            | 19                 |            |          |
|                                    | 20  | Tax-exempt bond liabilities .....   |            | 20                 |            |          |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |            | 21                 |            |          |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....      |            | 22                 |            |          |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties .....  | 2,760.     | 23                 | 230.       |          |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties .....  |            | 24                 |            |          |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   |            | 25                 |            |          |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 68,881.    | 26                 | 78,972.    |          |
| <b>Net Assets or Fund Balances</b> | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |   |            |                    |            |          |
|                                    | 27  | Net assets without donor restrictions .....   | 1,239,406. | 27                 | 1,090,191. |          |
|                                    | 28  | Net assets with donor restrictions .....  |            | 28                 |            |          |
|                                    | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |   |            |                    |            |          |
|                                    | 29  | Capital stock or trust principal, or current funds .....  |            | 29                 |            |          |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund .....  |            | 30                 |            |          |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds .....  |            | 31                 |            |          |
| 32                                 | <b>Total net assets or fund balances</b> .....  | 1,239,406.  | 32         | 1,090,191.         |            |          |
| 33                                 | <b>Total liabilities and net assets/fund balances</b> .....   | 1,308,287.  | 33         | 1,169,163.         |            |          |

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**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  | 3,510,998. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,660,213. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -149,215.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,239,406. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,090,191. |

**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 _____<br>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? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 2c | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| 3b | 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 _____  |     |    |

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**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <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 .....  |          |          |          |          |          |           |
| <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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   |          |          |          |          |          |                          |
| <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   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <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 2021 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2021.</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 type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</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 - 2021.</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 - 2020.</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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 2734775. | 3314769. | 3852093. | 4112834. | 3505438. | 17519909. |
| <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 .....   | 2734775. | 3314769. | 3852093. | 4112834. | 3505438. | 17519909. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          | 0.        |
| <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 .....           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 17519909. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 2734775. | 3314769. | 3852093. | 4112834. | 3505438. | 17519909. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 1,016.   | 1,634.   | 6,486.   | 5,663.   | 1,575.   | 16,374.   |
| <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 .....   | 1,016.   | 1,634.   | 6,486.   | 5,663.   | 1,575.   | 16,374.   |
| <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.)   | 2735791. | 3316403. | 3858579. | 4118497. | 3507013. | 17536283. |

**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 2021 (line 8, column (f), divided by line 13, column (f)) ..... | 15 | 99.91 % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | 16 | 99.90 % |

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

|  |    |       |
|--|----|-------|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | 17 | .09 % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | 18 | .10 % |

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

**b 33 1/3% support tests - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**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>   |     |    |

**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> |     |    |

**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>  |     |    |

**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> | Yes | No |
| <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>   |     |    |

**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 - <i>provide details in Part VI</i> )  | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). 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 ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6  | 9            |
| 10                        | Line 8 amount divided by line 9 amount  | 10           |

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

Schedule A (Form 990) 2021



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

**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.**

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**CHILDHOOD LEUKEMIA FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\*5483**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|   |   |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

**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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_%
  - b Permanent endowment  \_\_\_\_\_%
  - c Term endowment  \_\_\_\_\_%
- 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  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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  |                                      | 538,040.                        | 179,623.                     | 358,417.        |
| c Leasehold improvements   |                                      | 69,377.                         | 50,303.                      | 19,074.         |
| d Equipment  |                                      | 92,346.                         | 83,997.                      | 8,349.          |
| e Other  |                                      | 23,385.                         | 23,385.                      | 0.              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>385,840.</b> |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶   |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (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 | 3,509,423. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |   |            |
| a | Net unrealized gains (losses) on investments                                    | 2a |   |            |
| b | Donated services and use of facilities  | 2b |   |            |
| c | Recoveries of prior year grants   | 2c |   |            |
| d | Other (Describe in Part XIII.)  | 2d |   |            |
| e | Add lines 2a through 2d   | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1  |    | 3 | 3,509,423. |
| 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 |   | 1,575.     |
| c | Add lines 4a and 4b   | 4c |   | 1,575.     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5 | 3,510,998. |

**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 | 3,660,213. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |   |            |
| a | Donated services and use of facilities   | 2a |   |            |
| b | Prior year adjustments   | 2b |   |            |
| c | Other losses   | 2c |   |            |
| d | Other (Describe in Part XIII.)   | 2d |   |            |
| e | Add lines 2a through 2d  | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1   |    | 3 | 3,660,213. |
| 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 |   |            |
| c | Add lines 4a and 4b  | 4c |   | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5 | 3,660,213. |

**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 ORGANIZATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.**

**THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2016, 2017 AND 2018 ARE OPEN FOR FEDERAL AND STATE EXAMINATION.**

**Part XIII** Supplemental Information (continued)

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**INVESTMENT INCOME** 1,575.



**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                |
|-----------------|----|--|--------------|------------------|---------------------------------|
|                 |    | (event type)   | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts .....   |              |                  |                                 |
|                 | 2  | Less: Contributions .....  |              |                  |                                 |
|                 | 3  | Gross income (line 1 minus line 2) .....                           |              |                  |                                 |
| Direct Expenses | 4  | Cash prizes .....  |              |                  |                                 |
|                 | 5  | Noncash prizes .....   |              |                  |                                 |
|                 | 6  | Rent/facility costs .....  |              |                  |                                 |
|                 | 7  | Food and beverages .....   |              |                  |                                 |
|                 | 8  | Entertainment .....  |              |                  |                                 |
|                 | 9  | Other direct expenses .....  |              |                  |                                 |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |                  |                                 |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |              |                  |                                 |

**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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: INNOVATIVE TELESERVICES

(I) ADDRESS OF FUNDRAISER: 2740 PINE GROVE AVENUE, PORT HURON, MI 48060

(I) NAME OF FUNDRAISER: MIDWEST PUBLISHING INC

(I) ADDRESS OF FUNDRAISER: 10844 N. 23RD AVENUE, PHOENIX, AZ 85029

(I) NAME OF FUNDRAISER: JADENT INC



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

2021

Open to Public Inspection

Name of the organization

CHILDHOOD LEUKEMIA FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*5483

Part I Questions Regarding Compensation

Form with questions 1a through 9 and Yes/No columns. Includes checkboxes for travel, expenses, compensation committees, and severance payments.

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

Schedule J (Form 990) 2021

**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) BARBARA REID-HARAMIS<br>EXECUTIVE DIRECTOR | (i)  | 185,466.   | 0.                                  | 0.                                  | 0.   | 0.                      | 185,466.                        | 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) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHILDHOOD LEUKEMIA FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\* 5483**

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

**THROUGHOUT THE UNITED STATES.**

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

**AGAINST CANCER. CHILDHOOD LEUKEMIA FOUNDATION PROUDLY PROMOTES PATIENT EDUCATION, ADVOCACY, SELF-ESTEEM AND MOST OF ALL SMILES TO CHILDREN LIVING WITH CANCER SINCE 1992. CHILDHOOD LEUKEMIA FOUNDATION HAS ESTABLISHED A NETWORK OF OVER 250 HOSPITALS THROUGHOUT THE U.S. TO SUPPORT AND EMPOWER OVER 230,000 YOUNG CANCER PATIENTS (NEWBORN TO AGE TWENTY-ONE) THROUGH OUR VARIOUS PROGRAMS.**

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

**EDUCATIONAL WISH BASKETS:**

**CHILDREN DIAGNOSED WITH CANCER MUST ENDURE LONG HOURS OF BOREDOM AWAITING TREATMENT, GRUELING CHEMOTHERAPY SESSIONS, AND SPINAL TAPS. EDUCATIONAL WISH BASKETS LIFT THE SPIRITS OF THESE YOUNG CANCER PATIENTS DURING A VERY DIFFICULT TIME IN THEIR LIVES. THE BASKETS INCLUDE AGE APPROPRIATE AND S.T.E.A.M. INSPIRED (SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATHEMATICS) ITEMS TO ENGAGE, CHALLENGE AND EDUCATE HOSPITALIZED PEDIATRIC CANCER PATIENTS. THE EDUCATIONAL WISH BASKET PROGRAM BRINGS EDUCATION, LAUGHTER, AND FUN INTO THE DAILY LIVES OF MANY CHILDREN UNDERGOING CANCER CARE. TO DATE, CHILDHOOD LEUKEMIA FOUNDATION HAS DISTRIBUTED OVER 8,000 WISH BASKETS TO SOME VERY DESERVING CHILDREN THROUGHOUT THE U.S.**

**EXPENSES \$ 76,158. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

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

Schedule O (Form 990) 2021

|  |  |
|--|--|
| Name of the organization<br><b>CHILDHOOD LEUKEMIA FOUNDATION, INC.</b> | Employer identification number<br><b>** - *** 5483</b> |
|--|--|

**HOSPITAL VISITS, SPECIAL REQUESTS, AND OTHER PROGRAMS**

**EXPENSES \$ 267,226. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

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

**LOU RUSSO AND DIANE RUSSO ARE HUSBAND AND WIFE.**

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

**THE BOARD AND BOARD ATTORNEY REVIEW THE FINANCIAL STATEMENTS.**

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

**THE POLICY IS REVIEWED ANNUALLY AND FULL DISCLOSURES ARE REQUIRED IF THERE ARE ANY RELATED PARTY TRANSACTIONS.**

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

**COMPENSATION FOR ALL TOP MANAGEMENT HAS BEEN REVIEWED AND APPROVED BY THE BOARD. COMPENSATION FOR THE CEO AND OTHER TOP MANAGEMENT HAS MET THE STANDARDS OF CONTEMPORANEOUS SUBSTANTIATION BY OBTAINING OCCUPATIONAL PROFILES FROM THE DEPT. OF LABOR AND WORKFORCE DEVT. USING SIMILAR INDUSTRIES, GEOGRAPHIC AREA AND NON-PROFIT STATUS. SALARY DETERMINATIONS HAVE ALSO BEEN OBTAINED FROM PRIVATE AND PUBLIC SECTOR FOR TOP MANAGEMENT POSITIONS.**

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

**ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.**

**990 Schedule O, Supplemental Information**

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>FEDERAL TRADE COMMISSION   OFFICE OF THE SECRETARY   FILED 09/09/22   OSCAR NO. 605569   PAGE Page 268 of 309 *-PUBLIC</p> <p>COMPENSATION FOR ALL TOP MANAGEMENT HAS BEEN REVIEWED AND APPROVED BY THE BOARD COMPENSATION FOR THE CEO AND OTHER TOP MANAGEMENT HAS MET THE STANDARDS OF CONTEMPORANEOUS SUBSTANTIATION BY OBTAINING OCCUPATIONAL PROFILES FROM THE DEPT OF LABOR AND WORKFORCE DEVT USING SIMILAR INDUSTRIES, GEOGRAPHIC AREAS AND NON-PROFIT STATUS SALARY DETERMINATIONS HAVE ALSO BEEN OBTAINED FROM PRIVATE AND PUBLIC SECTOR FOR TOP MANAGEMENT POSITIONS</p> |

**PUBLIC VERSION**

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | FEDERAL TRADE COMMISSION   OFFICE OF THE SECRETARY   FILED 09/09/22   OSCAR NO. 605569   PAGE Page 269 of 309 *-PUBLIC<br><br>ALL DOCUMENTS ARE AVAILABLE UPON REQUEST<br><br><b>PUBLIC VERSION</b> |

# EXHIBIT B



Office of the Secretary

UNITED STATES OF AMERICA  
FEDERAL TRADE COMMISSION  
WASHINGTON, D.C. 20580

August 11, 2022

Via FedEx

Childhood Leukemia Foundation, Inc.  
Attn: Barbara Haramis, Executive Director  
807 Montoloking Rd., Suite 202  
Brick, NJ 08723  
732.998.1431

FTC Matter No. 2223073

Dear Childhood Leukemia Foundation, Inc.:

The Federal Trade Commission ("FTC") has issued the attached Civil Investigative Demand ("CID") asking for information as part of a non-public investigation. Our purpose is to determine whether Childhood Leukemia Foundation, Inc., as defined in the enclosed CID schedule, committed violations of Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45(a) and/or committed violations of the Commission's Telemarketing Sales Rule, 16 C.F.R. Part 310, relating to the solicitation of charitable donations, and whether Commission action to obtain monetary relief would be in the public interest. Please read the attached documents carefully. Here are a few important points we would like to highlight:

1. **Contact FTC counsel, M. Elizabeth Howe (206.220.4476; mhowe@ftc.gov) or Tracy Thorleifson (206.220.4481, tthorliefson@ftc.gov), as soon as possible to schedule a telephone call to be held within 14 days.** During that telephone call, FTC counsel can address any questions or concerns you have regarding this CID, including whether there are changes to how you comply with the CID that would reduce your cost or burden while still giving the FTC the information it needs. Please read the attached documents for more information about that meeting.
2. **You must immediately stop any routine procedures for electronic or paper document destruction, and you must preserve all paper or electronic documents** that are in any way relevant to this investigation, even if you believe the documents are protected from discovery by privilege or some other reason.
3. **The FTC will use information you provide in response to the CID for the purpose of investigating violations of the laws the FTC enforces.** We will not

PUBLIC VERSION

disclose the information under the Freedom of Information Act, 5 U.S.C. § 552. We may disclose the information in response to a valid request from Congress, or to other civil or criminal law enforcement agencies for their official law enforcement purposes. The FTC or other agencies may use and disclose your response in any civil or criminal proceeding, or if required to do so by law. However, we will not publicly disclose your information without giving you prior notice.

4. **Please read the attached documents closely.** They contain important information about how you should provide your response.

Please contact FTC counsel as soon as possible to set up an initial meeting. We appreciate your cooperation.

Very truly yours,

A handwritten signature in black ink, appearing to read 'April J. Tabor', with a long horizontal flourish extending to the right.

April J. Tabor  
Secretary



**CIVIL INVESTIGATIVE DEMAND**

|  |                                  |
|--|----------------------------------|
| 1. TO<br><br>Childhood Leukemia Foundation, Inc.<br>Attn: Barbara Haramis, Executive Director<br>807 Montoloking Rd., Suite 202<br>Brick, NJ 08723 | 1a. MATTER NUMBER<br><br>2223073 |
|--|----------------------------------|

This demand is issued pursuant to Section 20 of the Federal Trade Commission Act, 15 U.S.C. § 57b-1, in the course of an investigation to determine whether there is, has been, or may be a violation of any laws administered by the Federal Trade Commission by conduct, activities or proposed action as described in Item 3.

|  |  |
|--|--|
| 2. ACTION REQUIRED<br><input type="checkbox"/> You are required to appear and testify. |  |
| LOCATION OF HEARING  | YOUR APPEARANCE WILL BE BEFORE         |
|  | DATE AND TIME OF HEARING OR DEPOSITION |

- You are required to produce all documents described in the attached schedule that are in your possession, custody, or control, and to make them available at your address indicated above for inspection and copying or reproduction at the date and time specified below.
- You are required to answer the interrogatories or provide the written report described on the attached schedule. Answer each interrogatory or report separately and fully in writing. Submit your answers or report to the Records Custodian named in Item 4 on or before the date specified below.
- You are required to produce the tangible things described on the attached schedule. Produce such things to the Records Custodian named in Item 4 on or before the date specified below.

DATE AND TIME THE DOCUMENTS, ANSWERS TO INTERROGATORIES, REPORTS, AND/OR TANGIBLE THINGS MUST BE AVAILABLE  
 September 12, 2022 by 5:00 pm ET

|   |
|---|
| 3. SUBJECT OF INVESTIGATION<br><br>See attached Schedule and attached resolution. |
|---|

|  |   |
|--|---|
| 4. RECORDS CUSTODIAN/DEPUTY RECORDS CUSTODIAN<br>Lourdes Fuentes, Investigator/ Eric M. Setala, Investigator (Deputy)<br>Federal Trade Commission<br>915 2nd Ave., Suite 2896<br>Seattle, WA 98174<br>(206) 220-6350 | 5. COMMISSION COUNSEL<br>M. Elizabeth Howe/ Tracy S. Thorleifson<br>Federal Trade Commission<br>915 2nd Ave., Suite 2896<br>Seattle, WA 98174<br>(206) 220-6350 |
|--|---|

|                          |                              |
|--------------------------|------------------------------|
| DATE ISSUED<br>8/11/2022 | COMMISSIONER'S SIGNATURE<br> |
|--------------------------|------------------------------|

**INSTRUCTIONS AND NOTICES**  
 The delivery of this demand to you by any method prescribed by the Commission's Rules of Practice is legal service and may subject you to a penalty imposed by law for failure to comply. The production of documents or the submission of answers and report in response to this demand must be made under a sworn certificate, in the form printed on the second page of this demand, by the person to whom this demand is directed or, if not a natural person, by a person or persons having knowledge of the facts and circumstances of such production or responsible for answering each interrogatory or report question. This demand does not require approval by OMB under the Paperwork Reduction Act of 1980.

**PETITION TO LIMIT OR QUASH**  
 The Commission's Rules of Practice require that any petition to limit or quash this demand be filed within 20 days after service, or, if the return date is less than 20 days after service, prior to the return date. The original and twelve copies of the petition must be filed with the Secretary of the Federal Trade Commission, and one copy should be sent to the Commission Counsel named in Item 5.

**YOUR RIGHTS TO REGULATORY ENFORCEMENT FAIRNESS**  
 The FTC has a longstanding commitment to a fair regulatory enforcement environment. If you are a small business (under Small Business Administration standards), you have a right to contact the Small Business Administration's National Ombudsman at 1-888-REGFAIR (1-888-734-3247) or [www.sba.gov/ombudsman](http://www.sba.gov/ombudsman) regarding the fairness of the compliance and enforcement activities of the agency. You should understand, however, that the National Ombudsman cannot change, stop, or delay a federal agency enforcement action.

The FTC strictly forbids retaliatory acts by its employees, and you will not be penalized for expressing a concern about these activities.

**TRAVEL EXPENSES**  
 Use the enclosed travel voucher to claim compensation to which you are entitled as a witness for the Commission. The completed travel voucher and this demand should be presented to Commission Counsel for payment. If you are permanently or temporarily living somewhere other than the address on this demand and it would require excessive travel for you to appear, you must get prior approval from Commission Counsel.

A copy of the Commission's Rules of Practice is available online at <http://bit.ly/FTCSRulesofPractice>. Paper copies are available upon request.

---

## Form of Certificate of Compliance\*

---

I/We do certify that all of the documents, information and tangible things required by the attached Civil Investigative Demand which are in the possession, custody, control, or knowledge of the person to whom the demand is directed have been submitted to a custodian named herein.

If a document or tangible thing responsive to this Civil Investigative Demand has not been submitted, the objections to its submission and the reasons for the objection have been stated.

If an interrogatory or a portion of the request has not been fully answered or a portion of the report has not been completed, the objections to its submission and the reasons for the objections have been stated.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Sworn to before me this day

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_

\*In the event that more than one person is responsible for complying with this demand, the certificate shall identify the documents for which each certifying individual was responsible. In place of a sworn statement, the above certificate of compliance may be supported by an unsworn declaration as provided for by 28 U.S.C. § 1746.

**FEDERAL TRADE COMMISSION (“FTC”)  
CIVIL INVESTIGATIVE DEMAND (“CID”) SCHEDULE  
FTC File No. 2223073**

**Meet and Confer:** You must contact FTC counsel, **M. Elizabeth Howe (206.220.4476; mhowe@ftc.gov)** or **Tracy Thorleifson (206.220.4481, tthorleifson@ftc.gov)**, as soon as possible to schedule a telephonic meeting to be held within fourteen (14) days after You receive this CID. At the meeting, You must discuss with FTC counsel any questions You have regarding this CID or any possible CID modifications that could reduce Your cost, burden, or response time yet still provide the FTC with the information it needs to pursue its investigation. The meeting also will address how to assert any claims of protected status (e.g., privilege, work-product, etc.) and the production of Electronically Stored Information. You must make available at the meeting personnel knowledgeable about Your information or records management systems, Your systems for Electronically Stored Information, custodians likely to have information responsive to this CID, and any other issues relevant to compliance with this CID.

**Document Retention:** You must retain all documentary materials used in preparing responses to this CID. The FTC may require the submission of additional Documents later during this investigation. **Accordingly, You must suspend any routine procedures for Document destruction and take other measures to prevent the destruction of Documents in Your possession, custody, or control** that are in any way relevant to this investigation, even if those Documents are being retained by a third-party or You believe those Documents are protected from discovery. *See* 15 U.S.C. § 50; *see also* 18 U.S.C. §§ 1505, 1519.

**Sharing of Information:** The FTC will use information You provide in response to the CID for the purpose of investigating violations of the laws the FTC enforces. We will not disclose such information under the Freedom of Information Act, 5 U.S.C. § 552. We also will not disclose such information, except as allowed under the FTC Act (15 U.S.C. § 57b-2), the Commission’s Rules of Practice (16 C.F.R. §§ 4.10 & 4.11), or if required by a legal obligation. Under the FTC Act, we may provide Your information in response to a request from Congress or a proper request from another law enforcement agency. However, we will not publicly disclose such information without giving You prior notice.

**Manner of Production:** Contact **Lourdes Fuentes (206.220.6357; lfuentes@ftc.gov)** by email or telephone at least five days before the return date for instructions on how to produce information responsive to this CID.

**Certification of Compliance:** You or any person with knowledge of the facts and circumstances relating to the responses to this CID must certify that such responses are complete by signing the “Certification of Compliance” attached to this CID.

**Certification of Records of Regularly Conducted Activity:** Attached is a Certification of Records of Regularly Conducted Activity. Please execute and return this Certification with Your response. Completing this certification may reduce the need to subpoena You to testify at future proceedings to establish the admissibility of Documents produced in response to this CID.

**Definitions and Instructions:** Please review carefully the Definitions and Instructions that appear after the Specifications and provide important information regarding compliance with this CID.

## **I. SUBJECT OF INVESTIGATION**

Whether the Company, as defined herein, committed violations of Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45(a) and/or committed violations of the Commission's Telemarketing Sales Rule, 16 C.F.R. Part 310, relating to the solicitation of charitable donations, and whether Commission action to obtain monetary relief would be in the public interest. See also attached resolution.

## **II. SPECIFICATIONS**

**Applicable Time Period:** Unless otherwise directed, the applicable time period for the requests set forth below is from **January 1, 2019 until the date of full and complete compliance with this CID.**

### **A. INTERROGATORIES**

Please provide the following information:

#### **Background**

1. For all periods that the Company has been in operation, state the correct legal name of the Company and all other assumed names under which the Company does or has done business and the time period(s) during which each assumed name has been in use.
2. For all periods that the Company has been in operation, identify the service name, URL, and server (i.e. IP address) of each website, social media account, or other electronic or digital interface owned or used by the Company to communicate with Donors, to make representations about its program services, or to solicit or accept Charitable Contributions; and, for each, provide the associated Digital Communications Identifiers used by the Company in connection with such communications and services, including any personal email or other accounts used to communicate with Donors.
3. Identify each Person answering these Interrogatories, supplying information, or assisting in any way with the preparation of the answers to these Interrogatories.

#### **Board of Directors**

4. Describe the Company's policies and practices for recruiting, approving, and training new members of the board of directors.
5. Describe the means by which the board of directors evaluates the performance of the Chief Executive Officer, Executive Director, and any other officer or Employee whose Compensation is set or approved by, or performance appraised by, the board of directors or a

committee thereof, including when such evaluation is conducted, and Identify all individuals who participate in such evaluation.

6. State the date and location of each board meeting, board committee meeting, and board retreat and Identify the individuals present.

### **Company Finances and Oversight**

7. State the location, account number, and Person(s) with current or former signatory authority for each checking, depository, savings, investment, credit card, debit card, charge card, loan, cryptocurrency, or other financial account in any bank, credit union, or other institution or service (including person-to-person (P2P) electronic funds transfer accounts (e.g., PayPal, Venmo, CashApp)) currently or formerly held in the name of the Company or otherwise holding funds on behalf of the Company.

8. Describe the Company's policies and practices regarding oversight, monitoring, or other auditing of any account in any bank, credit union, or other institution or service (including person-to-person (P2P) electronic funds transfer accounts (e.g. PayPal, Venmo, CashApp)) held in the name of or on behalf of the Company, or into which Charitable Contributions made to the Company have been deposited, and Identify the Person(s) responsible for any such oversight, monitoring, or audit(s). Include in your description the date(s) any such policies were implemented and updated, and Identify the Persons responsible for approving such implementation and updating.

9. Describe the Company's policies and practices regarding issuance and use of Company debit and credit cards, assignment and use of Company vehicles, and payment or reimbursement of travel and entertainment expenses, specifically including any steps taken by the Company to oversee, monitor, or audit such cards, vehicles, and expenses; how such cards, vehicles, and expenses furthered the mission of the Company; and the Person(s) responsible for any such oversight, monitoring, or audit. Include in your description the date(s) any such policies were implemented and updated and Identify the Persons responsible for approving such implementation and updating.

10. Identify any officer, Employee, or board member of the Company, and any first degree relative of the preceding (spouse, parent, sibling, or child, or his/her spouse), to whom the Company has made a loan, and state the date of the loan, the amount and terms of repayment, and whether the loan was repaid pursuant to those terms or otherwise.

11. Identify each Person other than an Employee or a program service recipient to whom the Company has provided any benefit valued at more than \$100, or been reimbursed in excess of \$100 for expenses, and describe the benefit(s) provided or the expenses for which reimbursement was paid.

12. State whether the Company has or has had an annual budget approved by the board and describe how that budget is developed and followed.

13. Describe the Company's policies and practices for receipt, inventory management, disbursement of, and accounting for cryptocurrency, stock, Gift(s)-in-Kind, or other goods received or purchased by the Company for disbursement.

**Employees**

14. Identify all Employees currently Employed by the Company. For each such Person, specify the office location in which that Person works; provide the full name, any alias used, employment address, employment telephone number, and employment e-mail addresses, and state the period of time during which the Person has been Employed by the Company, all positions held with the Company, and the amounts and manner by which the Person has been compensated (including benefits).

15. For the last ten fiscal years of the Company's operation, Identify all Persons who were previously Employed by the Company. Identify each such Person by full name, any alias used, the present or last-known residence and place of business, physical and email addresses, and present or last-known residence and business telephone numbers, and state the period of time during which the Person was Employed by the Company, the position(s) held with the company, the amounts and manner by which the Person was compensated (including benefits), and the reason that the Person no longer works for the Company.

16. Describe the Company's policies and practices related to determining the employment terms and conditions and total Compensation package paid to each Employee by the Company and Identify the Person(s) responsible for making those determinations.

**Fundraising**

17. Identify each Fundraiser or other Person that has solicited Charitable Contributions on behalf of the Company, including each assumed name under which Charitable Contributions have been solicited, and for each such Fundraiser state:

- a. the date(s) during which such solicitations occurred;
- b. the nature of the solicitation (i.e., telemarketing, direct mail, email, in-person, etc.);
- c. the total funds raised by that entity for the Company, by year, by U.S. state or territory, and by assumed name under which Charitable Contributions were solicited;
- d. the net funds retained by the Company as a result of that fundraising, by year, by U.S. state or territory, and by assumed name under which Charitable Contributions were solicited;
- e. the total amount paid by the Company to that Fundraiser or other Person and how that amount was calculated; and
- f. the total amount paid by the Company to any other Person or entity (i.e., any consultant, list company, mailing house, caging operation, payment processor, etc.) in connection with soliciting Charitable Contributions and how that amount was calculated.

18. Identify each Person or entity that has provided the Company with services in connection with fundraising, including the nature of the services provided, the dates during which such services were provided, and the name of the Person at the Company who primarily communicated with that Person or entity, specifically including the Identity of any (a) consultant; (b) "caging operation" or other entity used to collect or process Charitable Contributions including but not limited to escrow agent(s); (c) list management company; (d) direct mail house; or (e) payment processor.

19. Identify each Person at the Company responsible for creating, reviewing, or approving solicitation materials, including telemarketing scripts; direct mail solicitations; pledge fulfillment, thank you or Charitable Contribution receipt mailings; email solicitations; short message service (SMS) or text messages; and online or other digital or electronic materials.

20. Describe the Company's policies and practices with regard to ensuring that each Fundraiser that has solicited Charitable Contributions on behalf of the Company by telephone complies with the relevant provisions of the Telemarketing Sales Rule, 16 C.F.R. Part 310, including but not limited to Do-Not-Call provisions and provisions related to the use of pre-recorded messages, and Identify the Persons responsible for ensuring such compliance.

21. Describe the Company's policies and procedures related to the sale, rental, or exchange of any list of Donor names and contact information to third parties for uses unrelated to solicitations on behalf of the Company.

22. Identify each Person or entity to which the Company has sold, rented, or otherwise provided any list(s) of Donors and describe the purpose for which the list was used, the nature of the exchange, and any revenue or other benefit received for use of the list.

#### Program Services

**Note: Do not respond with any sensitive personally identifiable information ("Sensitive PII") or sensitive health information ("SHI"), see Instruction I-11 below, prior to discussing the information with FTC counsel. If you believe a particular Interrogatory calls for a response containing Sensitive PII or SHI, contact FTC counsel to confer regarding the Interrogatory prior to responding.**

23. For each of the following Company programs, "Hope Binders," "Educational Wish Baskets," "Hugs U Wear," and "Hospital Visits and Special Requests," state, by year and by U.S. state or territory:

- a. the number of individual cancer patients or families of individual cancer patients who received each item or each visit provided by the program;
- b. the number of hospitals, nonprofit organizations, or other entities that received each item or each visit provided by the program and how many program items or program visits were provided to each such entity; and
- c. the Identity of any hospital, nonprofit, or other entity that has received each program item or each program visit from the Company or from third parties on behalf of the Company.

**Do not provide the identity, PII, or SHI of any individual (i.e. non-  
entity) recipient.**

24. Separately describe the Company's "Hope Binders," "Educational Wish Baskets," "Hugs U Wear," and "Hospital Visits and Special Requests" programs, including describing for each:

- a. the materials that make up and/or are included in the program;
- b. how the Company procures the materials that make up and/or are included in the program;
- c. the dollar value of each item provided by the program;
- d. the cost to the Company of each program item or program visit;
- e. how the Company assembles and ships program items and identifies and schedules program visits;
- f. how the Company publicizes the availability of programs; and
- g. how the Company selects program recipients, including the Identity of each Person involved in the selection process.

25. For the provision of any goods or program services not identified in response to Interrogatory Nos. 23 and 24, above, state, by year and by U.S. state or territory:

- a. the number of individual cancer patients or families of individual cancer patients who benefited from those goods or program services;
- b. the number of hospitals, nonprofit organizations or other entities that benefited from those goods or program services;
- c. the Identity of any hospital, nonprofit organization, or other entity that benefited from those goods or program services; and
- d. the nature of the goods or program service provided, the dollar value of the goods or program service (including specifically the value of any goods provided), and the cost to the Company of providing the goods or program service (including the actual cost to the Company of any goods provided).

**Do not provide the Identity, PII, or SHI of any individual (i.e. non-  
entity) recipient.**

26. For the provision of any goods or program services not identified in response to Interrogatory Nos. 23 and 24, above, describe the goods or program services, including:

- a. how the Company procures any goods and/or facilitates any services provided as part of these other goods or program services;
- b. the Identity of all Persons or entities involved in providing the goods, services, and/or other benefits and a description of what goods, services, and/or other benefits these persons or entities provided;
- c. how the Company publicizes the availability of the goods or program services; and
- d. how the Company selects recipients of the goods or program services, including the Identity of each Person involved in the selection process.

### **Litigation and Governmental Regulation**

27. For each proceeding (including investigations, subpoenas, civil investigative demands, other formal or informal requests for information, inquiries, actions, and arbitrations) with any governmental entity, to which the Company or any officer or director of the Company was a subject or party:

- a. Identify the parties and their counsel;
- b. state the date each proceeding commenced and ended (provide estimates if exact dates are unknown); and
- c. state how the proceeding was resolved, if it is not pending.

28. List every lawsuit filed against the Company, and for each suit, state:

- a. the parties;
- b. case number and court where filed;
- c. date filed and date of disposition;
- d. the Identity of any Company Employee, officer, or director who was deposed in connection with the lawsuit; and
- e. any final disposition.

### **B. REQUESTS FOR PRODUCTION**

Please produce the following Documents: (including Documents that consist of Electronically Stored Information, see Instruction I-10):

#### **Background**

1. Documents sufficient to reflect the formation of the Company, including its articles of incorporation and bylaws, as well as any amendments thereto, even if such documents were created prior to the Applicable Time Period.

2. All Documents related to establishing and maintaining the tax-exempt status of the Company, including the IRS Form 1023, any supplemental documents filed with the Internal Revenue Service, and communications between the Company or its representatives and the IRS relating to obtaining or maintaining its tax-exempt status, even if such documents were created prior to the Applicable Time Period.

3. Documents sufficient to show the Company's record retention policies.

4. Documents sufficient to show the Company's conflict of interest policies.

#### **Board of Directors**

5. For all periods that the Company has been in operation, documents sufficient to Identify each current and former member of the board of directors of the Company, whether the

individual is or was a voting or non-voting member, the date(s) of the individual's service and any offices held, and whether that individual has or had any marital, familial, or professional relationship to any other board member(s) or director(s).

6. Documents sufficient to Identify each committee appointed by the board of directors, and the past and present members of each such committee, including both standing and ad hoc committees.

7. Documents sufficient to Identify any corporation or other entity with which the Company has done business that Employs or is owned, in whole or in part, by a member of the board of directors or a first degree relative of a member of the board of directors (spouse, parent, sibling, or child of the board member or his/her spouse).

8. All Documents prepared by or on behalf of, or provided to, the board of directors of the Company, specifically including but not limited to:

- a. Documents related to each board meeting, including minutes, agendas, attachments, reports, handouts, presentations, periodic budget, profit and loss statement, balance sheet, or other financial reporting Document, and any other Document reflecting information considered by the board at or in connection with each such meeting;
- b. Documents related to each committee established by or reporting to the board of directors and any documents related to meeting(s) of each such committee, including minutes, agendas, attachments, reports, handouts presentations and any other Document reflecting information considered by the committee at each such meeting;
- c. Documents related to any board retreat, including minutes, agendas, attachments, reports, handouts, presentations, and any other Document reflecting information considered by the board at or in connection with each such retreat;
- d. Documents reflecting any board actions taken outside of a board meeting;
- e. Documents relating to the identification and recruitment of new board members, the election of officers of the board, and the removal or resignation of board members or officers; and
- f. Documents relating to any invocation of any conflict of interest policy by any member of the board of directors in connection with any particular action, including documents Identifying the board member with the conflict and any other board members involved in any action related to the conflict, and documents showing the nature of the conflict and its resolution.

9. All Documents reflecting communications to or from any member of the board of directors related to the Company's nonprofit mission, its programs, its finances, fundraising, compliance with the law, or the business of the board of directors specifically including any communications referring or relating to:

- a. providing program services or benefits to any particular individual or entity;
- b. fundraising and administrative costs;
- c. hiring or retaining specific Fundraisers or fundraising consultants;
- d. the Telemarketing Sales Rule, 16 C.F.R. Part 310;
- e. complaints from individual Donors;
- f. ratings or reviews of the Company;
- g. media reports about the Company and its operations;
- h. insurance coverage extending to Company officers, members, or directors;
- i. payment or reimbursement for travel, meals, entertainment, or any personal expenses for individual board members, Employees, families of individual board members or Employees, or guests;
- j. board-related training;
- k. the performance and compensation of the Executive Director; and
- l. conflicts of interest.

**Do not provide the Identity, PII, or SHI of any individual (i.e. non-entity) recipient of program services.**

#### Compensation and Loans

10. All Documents that refer or relate to any monetary payment or other Compensation provided to any corporate officer or member of the board of directors (specifically including the Executive Director and the Director of Operations), or to any business entities owned or operated by such Persons), including but not limited to Compensation, lease, or rental payments, including documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

11. All Documents used by the board of directors or any other Person to determine the Compensation, service or Employment terms and conditions for any corporate officer or member of the board of directors (specifically including the Executive Director and the Director of Operations), including documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

12. All Documents that refer or relate to any loans made by the Company to any officer, Employee, or board member of the Company, or any first degree relative of the preceding (spouse, parent, sibling, child, or his/her spouse).

#### Employees

13. Documents sufficient to show the organization of the Company's Employees and descriptions of each job position.

14. Documents sufficient to identify the Employment terms and conditions and total Compensation package for each Employee, including any Employment contracts.

15. All Internal Revenue Service forms filed by the Company during the relevant time period, including IRS Forms W-2, Forms W-3, Forms 990, Forms 1023, Forms 1096, and Forms 1099.

**Company Finances and Oversight**

16. Documents sufficient to identify each accountant or other Person with financial, accounting, or tax expertise, with whom the Company has consulted about its financial affairs.

17. Each audit prepared by or on behalf of the Company and all Documents related thereto.

18. Documents sufficient to show any periodic budget, general ledger, profit and loss statement, balance sheet, or other financial reporting Document for the Company.

19. Documents relating to any checking, depository, savings, investment, credit card, debit card, charge card, loan, or other financial account in any bank, credit union, or other institution or service (including person-to-person (P2P) electronic funds transfer accounts (e.g. PayPal, Venmo, CashApp)) held in the name of the Company or otherwise holding funds on behalf of the Company, including the following:

- a. account applications and related documents, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period;
- b. signature cards, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period;
- c. monthly statements;
- d. general ledgers;
- e. check registers;
- f. savings account registers;
- g. records of transfer of funds by wire or collection;
- h. Documents relating to safe deposit boxes;
- i. credit card processing agreements, including those that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period; and
- j. applications for purchase of manager's checks, cashier's checks, and/or treasurer's checks, together with the copies of the checks that were purchased, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

20. Documents sufficient to show the Company's policies and practices regarding issuance and use of Company debit and credit cards, assignment of Company vehicles, and payment or reimbursement of travel, entertainment, or personal expenses, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

21. Documents sufficient to Identify each Person who is or has been authorized to use a Company debit or credit card or a Company vehicle, or who has received payment or reimbursement for travel, entertainment, or personal expenses.

22. For any real property owned by or for the benefit of the Company, Documents sufficient to show:

- a. the location and postal address of the property;
- b. the type of property (e.g. residential, commercial);
- c. the value of the property;
- d. the amount(s) of any mortgages or liens against the property, and the Identity of the applicable mortgagee or lienholder;
- e. the amount and terms of any rent or other payment paid to the Company or any other Person for use or occupancy of the property;
- f. the Identity of any occupant of the property; and
- g. the Identity of the legal owner of the property, if the Company is not the legal owner.

23. Documents sufficient to Identify any Person to whom the Company pays rent or otherwise reimburses for the use of office space or other space utilized by the Company and to show how the amount of rent or other reimbursement is calculated.

#### **Fundraising and Charitable Contributions**

24. All documents referring or relating to the Company's hiring, retention, evaluation, or termination of any Fundraiser to solicit on behalf of the Company, specifically including both internal communications about the Fundraiser and communications with the Fundraiser itself.

25. All contracts or other Documents reflecting agreements related to the provision of fundraising services to the Company by third parties, including Fundraisers, fundraising consultants, caging companies, list management companies, and list brokers, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

26. Documents sufficient to show the content of all solicitations used in connection with seeking Charitable Contributions to the Company, and the approval thereof by the Company, whether the solicitation material was used directly by the Company or by a third party on the Company's behalf, specifically including audio clips or other recorded messages, telephone scripts, direct mail pieces, newspaper advertisements, public service announcements on television or radio, electronic mail, short message service (SMS) or text messages, social media websites, Company websites, and other online environments, including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

27. For all solicitation materials used by or on behalf of the Company, Documents sufficient to show:

- a. the date(s) that each particular solicitation material was in use;
- b. the Identity of each entity or Person who designed, wrote, or advised the Company about the contents of the particular solicitation material; and
- c. the Identity of each Fundraiser or other entity or Person that used the particular solicitation material.

28. For each telemarketing script, audio clip, or other item of solicitation material used by or on behalf of the Company in telephone communications with Donors, Documents sufficient to show:

- a. the number of telephone calls made or received where the telemarketing script, audio clip, and/or other solicitation material was used; and
- b. the number and amount of Charitable Contributions received as a result of such calls.

29. For each item of printed solicitation material mailed or physically distributed to a Donor, including direct mail solicitations, pledge cards, pamphlets, and thank you letters following a telemarketing call, Documents sufficient to show:

- a. the number of each different item of solicitation material that was mailed or otherwise physically distributed; and
- b. the number and amount of Charitable Contributions received as a result of or in connection with the mailing or distribution.

30. For each item of electronic solicitation material that was e-mailed or otherwise electronically conveyed directly to a Donor, including e-mail solicitations, short message service (SMS) or text messages, pledge reminders, and thank you e-mails following a telemarketing call, Documents sufficient to show:

- a. the number of each different item of electronic solicitation material that was distributed; and
- b. the number and amount of Charitable Contributions received as a result of or in connection with the electronic solicitation material.

31. For each item of web-based solicitation offering Donors an online mechanism to make Charitable Contributions to the Company, including websites, blog postings or articles featuring internet hyperlinks, and banner advertisements, documents sufficient to show:

- a. the nature of the web-based solicitation;
- b. the web page(s) at which the web-based solicitation was made available to Donors;
- c. the time period during which the solicitation was available to Donors;
- d. the number of page views for the solicitation; and
- e. the number and amount of Charitable Contributions received as a result of or in connection with the solicitation.

32. Documents sufficient to show each mailing address to which any Donor's Charitable Contribution to the Company has been directed and the Identity of the Person(s) responsible for receiving the mail at that address.

33. Documents sufficient to show each telephone number provided to Donors in fundraising solicitations and the Identity of the Person(s) responsible for answering calls to or short message service (SMS) or text messages to that telephone number.

34. All Documents referring or relating to the use of soundboard technology (also known as avatar technology) or other pre-recorded audio messages in connection with solicitations made on behalf of the Company by any Fundraiser or other Person.

35. All Documents referring or relating to compliance by Fundraisers or other Persons soliciting or otherwise acting on behalf of the Company with the Telemarketing Sales Rule, 16 C.F.R. Part 310.

36. All Documents reflecting communications by and between the Company and any Fundraiser or other person that has solicited Charitable Contributions on behalf of the Company relating to claims that the Fundraiser or other Person makes about the Company and its programs to Donors.

37. All contracts and agreements related to the provision of services to enable Charitable Contributions to the Company (e.g. web-based platforms to enable donation of Gift(s)-in-Kind, stocks, and/or cryptocurrency, donations by investment fund distribution, donations by testimonial bequest or formation of charitable trust), including Documents that predate the Applicable Time Period but were operative and/or controlling during the Applicable Time Period.

38. All Documents related to the Company's participation in the Combined Federal Campaign and any similar fundraising campaign directed at state employees.

39. Documents sufficient to show whether the Company receives or has received Charitable Contributions for any restricted purpose and, if so, to show the restricted purpose and how restricted funds are collected and accounted for.

40. Documents sufficient to show for each fundraising event sponsored or organized by or on behalf of the Company:

- a. the date(s) and location(s) of the event;
- b. the participants in the event;
- c. any sponsors of the event;
- d. the nature and purpose of the event and how it relates to the Company's mission;
- e. the manner in which Charitable Contributions to the Company were collected in association with the event;

- f. the amount of Charitable Contributions collected at or as a result of the event;
- g. the net revenue or loss to the Company as a result of the event;
- h. the nature of and any revenue attributed to program services associated with the event;
- i. the Identity of the Company Employee(s) participating in or responsible for the event;
- j. all advertising or marketing about the event; and
- k. all Documents reflecting claims made by or about the fundraising event on any third-party website through which the Company makes representations about its program services, solicits or accepts Charitable Contributions, or seeks third parties to solicit Charitable Contributions on its behalf (e.g., websites such as Facebook, Causes, Crowdrise, etc.).

41. All Documents reflecting claims made by or about the Company on any third-party website through which the Company makes representations about its program services, solicits or accepts Charitable Contributions, or seeks third parties to solicit Charitable Contributions on its behalf (e.g., websites such as Facebook, Instagram, Twitter, Pinterest, GoFundMe, etc.).

#### Program Services

**Note: Do not produce any sensitive personally identifiable information ("Sensitive PII") or sensitive health information ("SHI"), see Instruction I-11 below, prior to discussing the information with FTC counsel. If any document responsive to a particular specification contains unresponsive Sensitive PII or SHI, redact the unresponsive Sensitive PII or SHI prior to producing the document or arrange with Counsel to provide the data in an encrypted format.**

42. Documents sufficient to show the basis for the Company's Interrogatory responses relating to the Company's programs (see Interrogatory Nos. 23 through 26).

43. All Advertisements or other Documents publicizing the availability to any potential recipient of any program service provided by the Company.

44. Documents sufficient to show the accuracy and truthfulness of all claims about the Company and its programs made to any third party, including Donors, partner organizations, or governmental agencies (whether in solicitation materials, IRS Form 990s, audits, or by other means), specifically including but not limited to claims about:

- a. the use to which Donors' Charitable Contributions will be put;
- b. the particular charitable programs that will benefit from Donors' Charitable Contributions;
- c. the programs or services provided by the Company;
- d. the amount or percentage of each Charitable Contribution that will support any particular program;
- e. the location in which the Company provides its programs; and

- f. the amount or percentage of each Charitable Contribution that will be used for administrative or fundraising expenses.

45. All Documents referring or relating to the allocation of Employee Compensation to any program service in the Company's IRS Form 990.

#### **Donor Lists**

46. Documents sufficient to reflect the creation, maintenance, use, and rental of any list(s) of Donors to the Company, specifically including:

- a. contracts with any list management company or other third party related to the Donor list;
- b. communications by and between the Company and any entity that maintains a Donor list on the Company's behalf, including Fundraisers, list management or brokerage companies or other Persons, relating to the use of the Donor list by or on behalf of any third party;
- c. records relating to the use of the Donor list by any related Person or entity;
- d. any advertisements or other promotional documents describing the Donor list, its characteristics, rates for use of the list, and any restrictions on its use; and
- e. any revenues or expenses related to the management or rental of the Donor list.

47. Documents sufficient to show the Company's policies and practices related to the creation, maintenance, and/or provision of any list of Donors who do not wish to be contacted by the Company.

#### **Third Party Contacts**

48. All Documents related to any communication to or from any charity watchdog (e.g. Charity Navigator, GuideStar), the Better Business Bureau, or any other non-governmental consumer protection advocate involving the Company.

49. All Documents reflecting internal communications within the Company or communications with a Fundraiser related to any complaint, inquiry, or other communication to or from a Donor regarding fundraising by or on behalf of the Company.

50. All Documents reflecting communications received by the Company from any Donor or sent to a Donor in response to such a communication, specifically including:

- a. physical or electronic correspondence received by the Company from any Donor;
- b. phone logs, messages, or other records reflecting the nature of any telephone call received by the Company from a Donor; and

- c. communications by and between the Company, or any of its Employees, and any Donor on a website that allows Donor comments and business responses, such as Facebook, Charity Navigator, Twitter, Great Nonprofits, or any other online venue where the Company has posted a comment or statement.

### Other Documents

51. Documents sufficient to Identify all hospitals, nonprofit organizations, or other entities included in the “Network of 250 Hospitals” referenced by the Company, including in the Company’s 2020 IRS form 990 (see Part III line 4b), and to show the nature of the Company’s relationship with that entity, including whether any program services were provided to or with the assistance of the entity within the Applicable Time Period.

52. Documents sufficient to Identify each of the Company’s Corporate Partners, including all “Corporate Partners” identified on the Company’s website, and to show the nature of the Company’s relationship with each such Corporate Partner including:

- a. whether the Company received any Charitable Contributions or services from that Corporate Partner;
- b. the form and amount of any such Charitable Contributions; and
- c. the nature or type of any such services.

53. For the last ten years of the Company’s operation, all non-privileged Documents reflecting, referring to, or relating to any investigation of the Company or enforcement action against the Company by any federal, state, or local enforcement or regulatory agency.

54. For the last ten years of the Company’s operation, communications between the Company and any federal, state, or local governmental agency.

55. For any lawsuit by or against the Company, all Documents initiating the proceeding (e.g. legal complaint), terming the proceeding (e.g. order of dismissal), and memorializing sworn testimony by the Company or any of its board members or Employees in the proceeding (e.g. declarations, affidavits, deposition transcripts), including Documents that predate the Applicable Time Period.

### III. DEFINITIONS

The following definitions apply to this CID:

- D-1. “**Company**,” “**You**,” or “**Your**” means Childhood Leukemia Foundation, Inc., its wholly or partially owned subsidiaries, unincorporated divisions, joint ventures, operations under assumed names, and affiliates, and all directors, officers, members, employees, agents, consultants, and other Persons working for or on behalf of the foregoing.

- D-2. **“Document”** means the complete original, all drafts, and any non-identical copy, whether different from the original because of notations on the copy, different metadata, or otherwise, of any item covered by 15 U.S.C. § 57b-1(a)(5), 16 C.F.R. § 2.7(a)(2), or Federal Rule of Civil Procedure 34(a)(1)(A).
- D-3. **“Identify”** or **“the Identity of”** requires identification of (a) natural persons by name, title, present business affiliation, present business address, telephone number, and email address or, if a present business affiliation or present business address is not known, the last known business and home addresses; and (b) businesses or other organizations by name, address, and the identities of Your contact Persons at the business or organization.
- D-4. **“Advertisement”** or **“Advertising”** or **“Ad”** shall mean any written or verbal statement, illustration, or depiction that promotes the sale of a good or service or is designed to increase consumer interest in a brand, good, or service. Advertising media includes, but is not limited to: packaging and labeling; promotional materials; print; television; radio; and Internet, social media, and other digital content.
- D-5. **“Charitable Contribution”** shall mean any donation or gift of money or any other thing of value.
- D-6. **“Compensation”** shall mean all forms of cash and noncash payments or benefits of any value, including but not limited to salary and wages, bonuses, severance payments, deferred payments, retirement benefits, pay for unused sick leave and vacation leave, overtime, number of days off, including both vacation and sick time, and other reimbursements, arrangements or other transactions, including those that provide for privileges, memberships, personal and family educational benefits, below market loans, insurance premiums, personal or family travel, entertainment, meals, or housing, or personal use of the organization’s property or assets, including, e.g., vehicles.
- D-7. **“Digital Communications Identifier”** shall mean any email address, instant messaging identifier, social network or forum user name, or any other unique user name or identifier for an online service that facilitates the sending of communications to or from a Person with access to the account.
- D-8. **“Donor”** shall mean any Person solicited to make a Charitable Contribution, including Persons who do not ultimately make a Charitable Contribution.
- D-9. **“Employ,” “Employed,”** and **“Employee(s)”** shall be construed to relate to any and all individuals whom you control or for whose work you direct the means and methods of accomplishing, regardless of whether or not the individual is employed full-time or parttime, is paid a salary or a commission, or is compensated by some other means, or is called an employee, agent, independent contractor, or staff member.
- D-10. **“Fundraiser”** shall mean any person or entity who is not a direct Employee of the Company who solicits Charitable Contributions on behalf of the Company in exchange for Compensation.

- D-11. **“Gift(s)-in-Kind”** shall mean non-cash Charitable Contributions including donations of property, tangible or intangible, other than money. Non-cash Charitable Contributions include but are not limited to, stocks, bonds and other securities; real estate; works of art, stamps, coins, and other collectibles; clothing and household goods; vehicles, boats and airplanes; inventories of food, medical equipment or supplies, books or seeds; intellectual property, including patents, trademarks, copyrights and trade secrets; donated items that are sold immediately after donation such as publicly traded stock or used cars; and items donated for sale at a charity auction.
- D-12. **“Person”** shall mean any individual, group, unincorporated association, limited or general partnership, corporation, or other business or nonprofit entity.
- D-13. **“Telemarketing”** shall mean a plan, program, or campaign which is conducted to induce the purchase of goods or services or a Charitable Contribution, by use of one or more telephones and which involves more than one interstate telephone call.

#### IV. INSTRUCTIONS

I-1. **Petitions to Limit or Quash:** You must file any petition to limit or quash this CID with the Secretary of the FTC no later than twenty (20) days after service of the CID, or, if the return date is less than twenty (20) days after service, prior to the return date. Such petition must set forth all assertions of protected status or other factual and legal objections to the CID and comply with the requirements set forth in 16 C.F.R. § 2.10(a)(1) – (2). **The FTC will not consider petitions to quash or limit if You have not previously met and conferred with FTC staff and, absent extraordinary circumstances, will consider only issues raised during the meet and confer process.** 16 C.F.R. § 2.7(k); *see also* § 2.11(b). **If You file a petition to limit or quash, You must still timely respond to all requests that You do not seek to modify or set aside in Your petition.** 15 U.S.C. § 57b-1(f); 16 C.F.R. § 2.10(b).

I-2. **Withholding Requested Material / Privilege Claims:** For specifications requesting production of Documents or answers to written interrogatories, if You withhold from production any material responsive to this CID based on a claim of privilege, work product protection, statutory exemption, or any similar claim, You must assert the claim no later than the return date of this CID, and You must submit a detailed log, in a searchable electronic format, of the items withheld that identifies the basis for withholding the material and meets all the requirements set forth in 16 C.F.R. § 2.11(a) – (c). The information in the log must be of sufficient detail to enable FTC staff to assess the validity of the claim for each Document, including attachments, without disclosing the protected information. If only some portion of any responsive material is privileged, You must submit all non-privileged portions of the material. Otherwise, produce all responsive information and material without redaction. 16 C.F.R. § 2.11(c). The failure to provide information sufficient to support a claim of protected status may result in denial of the claim. 16 C.F.R. § 2.11(a)(1).

I-3. **Modification of Specifications:** The Bureau Director, a Deputy Bureau Director, Associate Director, Regional Director, or Assistant Regional Director must agree in writing to any modifications of this CID. 16 C.F.R. § 2.7(l).

I-4. **Scope of Search:** This CID covers Documents and information in Your possession or under Your actual or constructive custody or control, including Documents and information in the possession, custody, or control of Your attorneys, accountants, directors, officers, employees, service providers, and other agents and consultants, whether or not such Documents or information were received from or disseminated to any person or entity.

I-5. **Identification of Responsive Documents:** For specifications requesting production of Documents, You must identify in writing the Documents that are responsive to the specification. Documents that may be responsive to more than one specification of this CID need not be produced more than once. If any Documents responsive to this CID have been previously supplied to the FTC, You may identify the Documents previously provided and the date of submission.

I-6. **Maintain Document Order:** For specifications requesting production of Documents, You must produce Documents in the order in which they appear in Your files or as electronically stored. If Documents are removed from their original folders, binders, covers, containers, or electronic source, You must specify the folder, binder, cover, container, or electronic media or file paths from which such Documents came.

I-7. **Numbering of Documents:** For specifications requesting production of Documents, You must number all Documents in Your submission with a unique identifier such as a Bates number or a Document ID.

I-8. **Production of Copies:** For specifications requesting production of Documents, unless otherwise stated, You may submit copies in lieu of original Documents if they are true, correct, and complete copies of the originals and You preserve and retain the originals in their same state as of the time You received this CID. Submission of copies constitutes a waiver of any claim as to the authenticity of the copies should the FTC introduce such copies as evidence in any legal proceeding.

I-9. **Production in Color:** For specifications requesting production of Documents, You must produce copies of Advertisements in color, and You must produce copies of other materials in color if necessary to interpret them or render them intelligible.

I-10. **Electronically Stored Information:** For specifications requesting production of Documents, see the attached FTC Bureau of Consumer Protection Production Requirements (“Production Requirements”), which detail all requirements for the production of electronically stored information to the FTC. You must discuss issues relating to the production of electronically stored information with FTC staff **prior** to production.

I-11. **Sensitive Personally Identifiable Information (“Sensitive PII”) or Sensitive Health Information (“SHI”):** For specifications requesting production of Documents or answers to written interrogatories, if any responsive materials contain Sensitive PII or SHI, please contact FTC counsel before producing those materials to discuss whether there are steps You can take to

minimize the amount of Sensitive PII or SHI You produce, and how to securely transmit such information to the FTC.

Sensitive PII includes an individual's Social Security number; an individual's biometric data; and an individual's name, address, or phone number in combination with one or more of the following: date of birth, driver's license or state identification number (or foreign country equivalent), military identification number, passport number, financial account number, credit card number, or debit card number. Biometric data includes biometric identifiers, such as fingerprints or retina scans, but does not include photographs (with the exception of photographs and corresponding analyses used or maintained in connection with facial recognition software) or voice recordings and signatures (with the exception of those stored in a database and used to verify a person's identity). SHI includes medical records and other individually identifiable health information relating to the past, present, or future physical or mental health or conditions of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

**I-12. Interrogatory Responses:** For specifications requesting answers to written interrogatories: (a) answer each interrogatory and each interrogatory subpart separately, fully, and in writing; and (b) verify that Your answers are true and correct by signing Your answers under the following statement: "I verify under penalty of perjury that the foregoing is true and correct. Executed on (date). (Signature)." The verification must be submitted contemporaneously with Your interrogatory responses.

**I-13. Submission of Documents in Lieu of Interrogatory Answers:** You may answer any written interrogatory by submitting previously existing Documents that contain the information requested in the interrogatory so long as You clearly indicate in each written interrogatory response which Documents contain the responsive information. For any interrogatory that asks You to identify Documents, You may, at Your option, produce the Documents responsive to the interrogatory so long as You clearly indicate the specific interrogatory to which such Documents are responsive.

**CERTIFICATION OF COMPLIANCE**  
**Pursuant to 28 U.S.C. § 1746**

I, \_\_\_\_\_, certify the following with respect to the Federal Trade Commission's ("FTC") Civil Investigative Demand directed to Childhood Leukemia Foundation, Inc. (the "Company") (FTC File No. 2223073) (the "CID"):

1. The Company has identified all documents, information, and/or tangible things ("responsive information") in the Company's possession, custody, or control responsive to the CID and either:

- (a) provided such responsive information to the FTC; or
- (b) for any responsive information not provided, given the FTC written objections setting forth the basis for withholding the responsive information.

2. I verify that the responses to the CID are complete and true and correct to my knowledge.

I certify under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY**  
**Pursuant to 28 U.S.C. § 1746**

1. I, \_\_\_\_\_, have personal knowledge of the facts set forth below and am competent to testify as follows:
2. I have authority to certify the authenticity of the records produced by Childhood Leukemia Foundation, Inc. (the "Company") and attached hereto.
3. The documents produced and attached hereto by the Company are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of the Company; and
  - c) Were made by the regularly conducted activity as a regular practice of the Company.

I certify under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Federal Trade Commission - Bureau of Consumer Protection**  
**Production Requirements**  
 Revised July 2020

In producing information to the FTC, comply with the following requirements, unless the FTC agrees otherwise. If you have questions about these requirements, please contact FTC counsel before production.

**Production Format**

**1. General Format:** Provide load-ready electronic productions with:

- a. A delimited data load file (.DAT) containing a line for every document, unique id number for every document (DocID), metadata fields, and native file links where applicable; and
- b. A document level text file, named for the DocID, containing the text of each produced document.

Do not produce corresponding image renderings (e.g., TIFF or JPEG) for files in native format unless the FTC requests them. If the FTC requests corresponding image renderings, provide an Opticon image load file (.OPT) containing a line for every image file.

**2. Electronically Stored Information (ESI):** Documents stored in electronic format in the ordinary course of business must be produced in the following format:

- a. For ESI other than the categories below, submit in native format with all metadata and either document level extracted text or Optical Character Recognition (OCR). Do not produce corresponding image renderings (e.g., TIFF or JPEG) for files in native format unless the FTC requests them. If the FTC requests corresponding image renderings, they should be converted to Group IV, 300 DPI, single-page TIFF (or color JPEG images when necessary to interpret the contents or render them intelligible.)
- b. For Microsoft Excel, Access, or PowerPoint files, submit in native format with extracted text and metadata. Data compilations in Excel spreadsheets or delimited text formats must contain all underlying data, formulas, and algorithms without redaction.
- c. For other spreadsheet, database, presentation, or multimedia formats; instant messages; or proprietary applications, discuss the production format with FTC counsel.

**3. Hard Copy Documents:** Documents stored in hard copy in the ordinary course of business must be scanned and submitted as either one multi-page pdf per document or as 300 DPI single page TIFFs (or color JPEGs when necessary to interpret the contents or render them intelligible), with corresponding document-level OCR text and logical document determination in an accompanying load file.

**4. Document Identification:** Provide a unique DocID for each hard copy or electronic document, consisting of a prefix and a consistent number of numerals using leading zeros. Do not use a space to separate the prefix from numbers.

5. **Attachments:** Preserve the parent/child relationship by producing attachments as separate documents, numbering them consecutively to the parent email, and including a reference to all attachments.
6. **Metadata Production:** For each document submitted electronically, include the standard metadata fields listed below in a standard delimited data load file. The first line of the data load file shall include the field names. Submit date and time data in separate fields. Use these standard Concordance delimiters in delimited data load files:

| Description            | Symbol | ASCII Character |
|------------------------|--------|-----------------|
| Field Separator        | ¶      | 20              |
| Quote Character        | ”      | 254             |
| Multi Entry delimiter  | ®      | 174             |
| <Return> Value in data | ~      | 126             |

7. **De-duplication:** Do not use de-duplication or email threading software without FTC approval.
8. **Password-Protected Files:** Remove passwords prior to production. If password removal is not possible, provide the original and production filenames and the passwords, under separate cover.

**Producing Data to the FTC**

1. Prior to production, scan all data and media for viruses and confirm they are virus-free.
2. For productions smaller than 50 GB, submit data electronically using the FTC’s secure file transfer protocol. Contact FTC counsel for instructions. **The FTC cannot accept files via Dropbox, Google Drive, OneDrive, or other third-party file transfer sites.**
3. If you submit data using physical media:
  - a. Use only CDs, DVDs, flash drives, or hard drives. Format the media for use with Windows 7;
  - b. Use data encryption to protect any Sensitive Personally Identifiable Information or Sensitive Health Information (as defined in the instructions), and provide passwords in advance of delivery, under separate cover; and
  - c. Use a courier service (e.g., Federal Express, UPS) because heightened security measures delay postal delivery.
4. Provide a transmittal letter with each production that includes:
  - a. Production volume name (e.g., Volume 1) and date of production;
  - b. Numeric DocID range of all documents in the production, and any gaps in the DocID range; and
  - c. List of custodians and the DocID range for each custodian.

| DAT FILE FIELDS   | DEFINITIONS  | POPULATE FIELD FOR:                      |
|-------------------|--|--|
| DocID             | Unique ID number for each document   | All Documents                            |
| FamilyID          | Unique ID for all documents in a family including parent and all child documents                                     | All Documents                            |
| ParentID          | Document ID of the parent document. This field will only be populated on child items                                 | All Documents                            |
| File Path         | Path to produced native file   | All Documents                            |
| TextPath          | Path to document level text or OCR file  | All Documents                            |
| Custodian         | Name of the record owner/holder  | All Documents                            |
| AllCustodians     | Names of all custodians that had copy of this record (populate if data was deduplicated or email threading was used) | All Documents                            |
| Source            | Source of documents: CID, Subpoena, Third Party Data, etc.   | All Documents                            |
| Filename          | Original file name   | All Documents                            |
| File Size         | Size of documents  | All Documents                            |
| File Extensions   | Extension of file type   | All Documents                            |
| MD5 Hash          | Unique identifier for electronic data used in de-duplication   | All Documents                            |
| PRODUCTION_VOLUME | Production Volume  | All Documents                            |
| HASREDACTIONS     | Redacted document  | All Documents                            |
| Exception Reason  | Reason for exception encountered during processing (e.g., empty file, source file, password-protected file, virus)   | All Documents                            |
| PRODBEG           | Beginning production bates number  | Documents with Produced Images           |
| PRODEND           | Ending production bates number   | Documents with Produced Images           |
| PRODBEG_ATTACH    | Beginning production family bates number   | Documents with Produced Images           |
| PRODEND_ATTACH    | Ending production family bates number  | Documents with Produced Images           |
| Page Count        | The number of pages the document contains  | Documents with Produced Images           |
| From              | Names retrieved from the FROM field in a message   | Emails                                   |
| To                | Names retrieved from the TO field in a message; the recipient(s)   | Emails                                   |
| CC                | Names retrieved from the CC field in a message; the copied recipient(s)  | Emails                                   |
| BCC               | Names retrieved from the BCC field in a message; the blind copied recipient(s)                                       | Emails                                   |
| EmailSubject      | Email subject line   | Emails                                   |
| Date Sent         | The date an email message was sent   | Emails                                   |
| Time Sent         | The time an email message was sent   | Emails                                   |
| Date Received     | The date an email message was received   | Emails                                   |
| Time Received     | The time an email message was received   | Emails                                   |
| Author            | File Author  | Loose Native Files and Email Attachments |
| Title             | File Title   | Loose Native Files and Email Attachments |
| Subject           | File Subject   | Loose Native Files and Email Attachments |
| Date Created      | Date a document was created by the file system   | Loose Native Files and Email Attachments |
| Time Created      | Time a document was created by the file system   | Loose Native Files and Email Attachments |
| Date Modified     | Last date a document was modified and recorded by the file system  | Loose Native Files and Email Attachments |
| Time Modified     | Last time a document was modified and recorded by the file system  | Loose Native Files and Email Attachments |
| Date Printed      | Last date a document was printed and recorded by the file system   | Loose Native Files and Email Attachments |
| Time Printed      | Last time a document was printed and recorded by the file system   | Loose Native Files and Email Attachments |

**UNITED STATES OF AMERICA  
BEFORE THE FEDERAL TRADE COMMISSION**

**COMMISSIONERS:**        **Joseph J. Simons, Chairman**  
                                 **Maureen K. Ohlhausen**  
                                 **Noah Joshua Phillips**  
                                 **Rohit Chopra**  
                                 **Rebecca Kelly Slaughter**

**RESOLUTION DIRECTING USE OF COMPULSORY PROCESS IN A NON-PUBLIC  
INVESTIGATION OF DECEPTIVE FUNDRAISING**

**File No. 132 3286**

**Nature and Scope of Investigation:**

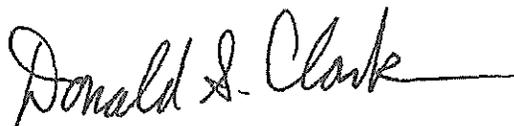
To determine whether unnamed persons, partnerships, corporations, or others in connection with soliciting charitable contributions, donations, or gifts of money or any other thing of value, have engaged in or are engaging in (1) deceptive or unfair acts or practices in or affecting commerce in connection with soliciting charitable contributions, donations, or gifts of money or any other thing of value in violation of Section 5 of the Federal Trade Commission Act, 15 U.S.C. § 45, and/or (2) deceptive or abusive telemarketing acts or practices in violation of the Commission's Telemarketing Sales Rule, 16 C.F.R. Part 310. The investigation is also to determine whether Commission action to obtain monetary equitable relief for injury to consumers or others would be in the public interest.

The Federal Trade Commission hereby resolves and directs that any and all compulsory processes available to it be used in connection with this investigation for a period not to exceed five (5) years from the date of issuance of this resolution. The expiration of this five-year period shall not limit or terminate the investigation or the legal effect of any compulsory process issued during the five-year period. The Federal Trade Commission specifically authorizes the filing or continuation of actions to enforce any such compulsory process after the expiration of the five-year period.

**Authority to Conduct Investigation:**

Sections 6, 9, 10, and 20 of the Federal Trade Commission Act, 15 U.S.C. §§ 46, 49, 50, and 57b-1; and FTC Procedures and Rules of Practice, 16 C.F.R. § 1.1 *et seq.*, and supplements thereto.

By direction of the Commission.



Donald S. Clark  
Secretary

**Issued: September 14, 2018**

# EXHIBIT C



UNITED STATES OF AMERICA  
FEDERAL TRADE COMMISSION  
NORTHWEST REGION

September 2, 2022

VIA E-MAIL

Mitchell N. Roth  
Roth Jackson  
8200 Greensboro Drive, Suite 820  
McLean, Virginia 22102  
mroth@rothjackson.com

**Re: Modification of Date by Which Childhood Leukemia Foundation, Inc., May File  
Petition to Limit or Quash Federal Trade Commission Civil Investigative Demand**

Dear Mr. Roth:

I understand that you are in the process of being retained by Childhood Leukemia Foundation, Inc. ("CLF") regarding the Civil Investigative Demand ("CID") issued to CLF on August 11, 2022, to which your client must respond on or before September 12, 2022. I also understand that you and Federal Trade Commission ("FTC") Staff Attorneys Beth Howe and Tracy Thorleifson are in the process of scheduling a further meet and confer regarding the CID for the week of September 6-9, 2022,<sup>1</sup> and that you are concerned that the date by which CLF must petition to limit or quash the CID will pass prior to the meet and confer.

In consideration of the ongoing meet and confer process between yourself and FTC staff, pursuant to the authority delegated to me under § 2.10(a)(5) of the Commission's Rules of Practice, 16 C.F.R. § 2.10(a)(5), I authorize an extension of the date by which CLF must file a petition to limit or quash the CID to September 9, 2022, to accommodate scheduling of the meet and confer.

No modifications to the CID itself are intended or agreed to by this letter. The FTC reserves all other rights with respect to the CID.

Should you have any questions, do not hesitate to contact Ms. Howe at (206) 220-4476 or [mhowe@ftc.gov](mailto:mhowe@ftc.gov) or Ms. Thorleifson at (206) 220-4481 or [tthorleifson@ftc.gov](mailto:tthorleifson@ftc.gov). I appreciate your cooperation in this matter.

Sincerely,

Charles A. Harwood  
Regional Director

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<sup>1</sup> I understand that Ms. Howe and Ms. Thorleifson participated in meet and confers with CLF on August 24 and 30, 2022, prior to your retention.

PUBLIC VERSION

**BEFORE THE  
FEDERAL TRADE COMMISSION**

**In the matter of:**

**CIVIL INVESTIGATIVE DEMAND TO  
CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

**File No.: 132 3286  
Matter No: 2223073**

**REQUEST FOR CONFIDENTIAL TREATMENT**

Petitioner Childhood Leukemia Foundation, Inc. (“Childhood Leukemia Foundation”), by and through counsel and pursuant to 16 C.F.R. § 4.9(c) and 16 C.F.R. 4.2(d)(4), hereby requests the Federal Trade Commission (“Commission”) to provide confidential treatment to a number of documents Childhood Leukemia Foundation filed in support of its Petition to Quash Civil Investigative Demand and withhold those documents, or at least the redacted portions, from the public record. In support of this Request, Childhood Leukemia Foundation respectfully states the following:

1. On August 15, 2022, Commission staff served a Civil Investigative Demand (“CID”) on Childhood Leukemia Foundation.
2. On September 9, 2022, Childhood Leukemia Foundation, pursuant to 15 U.S.C. § 57b-1(f) and 16 C.F.R. § 2.10, filed a Petition to Quash the CID.
3. Childhood Leukemia Foundation filed the Declaration of Barbara Haramis as an exhibit to its Petition to Quash the CID. Ms. Haramis’s Declaration includes a number of supporting exhibits. These exhibits include reports, requests, and letters of appreciation containing the name, contact information, other identifying information, and medical

information of minor children and information related to corresponding social workers/hospital staff.

4. Childhood Leukemia Foundation is requesting the Commission provide confidential treatment to the portions of the reports, requests, and letters that contain the name, contact information, other identifying information, and medical information of minor children and information related to corresponding social workers/hospital staff. The information Childhood Leukemia Foundation is requesting be provided confidential treatment by the Commission appears on all the pages of Exhibits 3, 4, 5, 6, and 7 to Barbara Haramis's Declaration.
5. Childhood Leukemia Foundation is requesting that the names, contact information, and other identifying information of minor children be provided confidential treatment because it is a regular practice to redact the names of minor children and their identifying information in order to protect their privacy. *See J.R. v. San Marcos Unified Sch. Dist.*, Case No.: 21-CV-1752 JLS (AGS), 2021 U.S. Dist. LEXIS 197357, at \*1 (S.D. Cal. Oct. 21, 2021) (Striking a petition until a redacted version was filed as "counsel or parties shall be required to remove or redact the . . . Names of Minor Children. If the involvement of a minor child must be mentioned, only the initials of that child should be used.") (internal citations omitted); *see also Fotinos v. Fotinos*, No. C 12-953 CW, 2014 U.S. Dist. LEXIS 16635, at \*5 (N.D. Cal. Feb. 7, 2014), *aff'd* 644 F. App'x 793 (9th Cir. 2016) (striking filings that improperly included minor child's name); *see also Barnett v. Villmer*, No. 4:14-CV-1723-RLW, 2014 U.S. Dist. LEXIS 146020, at \*1 (E.D. Mo. Oct. 14, 2014) ("parties must refrain from including, or must partially redact where inclusion is necessary, the names of minor children.") (citing *Webster Groves School Dist. v.*

*Pulitzer Pub. Co.*, 898 F.2d 1371, 1375 (8th Cir. 1990) (*en banc*) (“strong public policy favors the special protection of minors and their privacy where sensitive matters are concerned”).

6. Childhood Leukemia Foundation is requesting that the minor children’s’ medical information, including the names and information related to the corresponding social workers/hospital staff be provided confidential treatment because such information is confidential. *See Heldt v. Guardian Life Ins. Co. of Am.*, Case No. 16-cv-855-BAS-NLS, 2019 U.S. Dist. LEXIS 25315, at \*10 (S.D. Cal. Feb. 15, 2019) (“Medical information is confidential.”) (citing *Skinner v. Ashan*, CV 04-2380, 2007 U.S. Dist. LEXIS 15225, at \*2 (D.N.J. Mar. 2 2007) (observing that medical records “have long been recognized as confidential in nature.”)).
7. Based on the foregoing, the Commission should provide confidential treatment to the names, contact information, other identifying information, and medical information of minor children and information relating to corresponding social workers/hospital staff, which are contained in Exhibits 3, 4, 5, 6, and 7 to the Declaration of Barbara Haramis.
8. Undersigned counsel, whose name and address are provided below, should be notified in the event the Commission determines to disclose some or all of the material Childhood Leukemia Foundation has labeled “CONFIDENTIAL.”
9. Pursuant to 16 C.F.R. § 4.2(d)(4), Childhood Leukemia Foundation has filed a Confidential version of its Petition to Quash and supporting documents, and a redacted public version of its Petition to Quash labeled “PUBLIC.”

September 9, 2022

Respectfully submitted,

CHILDHOOD LEUKEMIA  
FOUNDATION, INC.



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Mitchell N. Roth  
Roth Jackson Gibbons Condlin PLC  
8200 Greensboro Drive, Suite 820  
McLean, Virginia 22102  
(703) 485-3536 (direct)  
(703) 485-3535 (main)  
(703) 485-3525 (fax)  
mroth@rothjackson.com  
*Counsel for Petitioner*

**BEFORE THE  
FEDERAL TRADE COMMISSION**

**In the matter of:**

**CIVIL INVESTIGATIVE DEMAND TO  
CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

**File No.: 132 3286  
Matter No: 2223073**

**STATEMENT OF CONFERRAL PURSUANT TO 16 C.F.R. § 2.10(a)(2)**

Counsel for Petitioner Childhood Leukemia Foundation, Inc. hereby certifies that he conferred with Federal Trade Commission (“Commission”) staff in a good faith effort to resolve Childhood Leukemia Foundation, Inc.’s jurisdictional objection to the Civil Investigative Demand issued by the Commission, but has been unable to reach an agreement. The first conferral was held on September 2, 2022, at 1:30 pm (EST) by telephone and was attended by Mitchell N. Roth, Counsel for Petitioner, and M. Elizabeth Howe, Counsel for the Commission. The second conferral was held on September 7, 2022, at 2:00 pm (EST) by telephone and was attended by Mitchell N. Roth, Counsel for Petitioner, and M. Elizabeth Howe and Tracy S. Thorliefson, Counsel for the Commission. The third conferral was held on September 8, 2022, at 4:30 pm (EST) by telephone and was attended by Mitchell N. Roth, Counsel for Petitioner, and M. Elizabeth Howe Counsel for the Commission.

September 9, 2022



\_\_\_\_\_  
Mitchell N. Roth

## FEDERAL TRADE COMMISSION

**In the matter of: CIVIL INVESTIGATIVE  
DEMAND TO CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

**File No.: 132 3286  
Matter No: 2223073**

**STATEMENT OF CONFERRAL PURSUANT TO 16 C.F.R. § 2.10(a)(2)**

Petitioner Childhood Leukemia Foundation, Inc. hereby certifies that it conferred, pro se, with Federal Trade Commission ("Commission") staff pursuant to 16 C.F.R § 2.7(k) in a good faith effort to resolve its objections to the Civil Investigative Demand issued by the Commission, but has been unable to reach an agreement. The first conferral was held on August 24, 2022, at 12:00pm by telephone and was attended by Barbara Haramis, Executive Director of Petitioner, and M. Elizabeth Howe and Tracy S. Thorleifson, Counsel for the Commission. The second conferral was held on August 30, 2022, at 12:00pm by telephone and was attended by Barbara Haramis, Executive Director of Petitioner, and M. Elizabeth Howe and Tracy S. Thorleifson, Counsel for the Commission.

September 8, 2022

  
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Barbara Haramis

**BEFORE THE  
FEDERAL TRADE COMMISSION**

**In the matter of:**

**CIVIL INVESTIGATIVE DEMAND TO  
CHILDHOOD LEUKEMIA  
FOUNDATION, INC., DATED AUGUST  
11, 2022**

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**NOTICE OF APPEARANCE**

Pursuant to 16 C.F.R. § 4.1(d), I, Mitchell N. Roth of Roth Jackson, file this notice of appearance as counsel for Petitioner Childhood Leukemia Foundation, Inc. in the above-captioned matter. I am admitted to the Virginia Supreme Court and am a member of the bar of the United States District Court for the Eastern District of Virginia. Therefore, I am eligible to practice before the Federal Trade Commission pursuant to 16 C.F.R. 4.1(a)(1)(i). My Virginia State Bar number is 35863. I am in good standing within the legal profession, the States in which I am admitted to practice, and the Federal Court Bars of which I am a member.

September 9, 2022

Respectfully submitted,

CHILDHOOD LEUKEMIA  
FOUNDATION, INC.



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