



ALEXS LEMONADE STAND FOUNDATION

2025

(PUBLIC INSPECTION COPY)



EISNERAMPER



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Alexs Lemonade Stand Foundation
333 E. Lancaster Avenue #414
Wynnewood, PA 19096

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

We have enclosed a copy of your annual information return, which you can make available for public inspection. The return for the period ended 12/31/2025 should be made available for public inspection until May 15, 2029. (3 years after due date)

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

Very truly yours,

Eisner Advisory Group LLC

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2025

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2025** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ALEXS LEMONADE STAND FOUNDATION		D Employer identification number 56-2496146
	Doing business as		E Telephone number 610-649-3034
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 36,227,150.
	333 E. LANCASTER AVE	414	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WYNNEWOOD, PA 19096		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: JASON SCOTT SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.ALEXSLEMONADE.ORG			
K Form of organization: Corporation Trust Association <input checked="" type="checkbox"/> Other FOUND		L Year of formation: 2005	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER TREATMENT AND RESEARCH. TO CHANGE
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a) 5 76
	6 Total number of volunteers (estimate if necessary) 6 63456
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 28,021,239. Prior Year 30,434,182. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 929,730. 1,107,277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,292,187. 1,157,399.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 30,243,156. 32,698,858.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,660,916. 20,453,326.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,607,497. 6,074,382.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,831,007.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,355,751. 2,763,443.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,624,164. 29,291,151.
19 Revenue less expenses. Subtract line 18 from line 12 618,992. 3,407,707.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 39,369,928. Beginning of Current Year 40,613,912. End of Year
	21 Total liabilities (Part X, line 26) 8,089,541. 4,583,115.
	22 Net assets or fund balances. Subtract line 21 from line 20 31,280,387. 36,030,797.

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		
	JASON SCOTT, CO-EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	HELEN M. MARTIN	<i>Helen M. Martin</i>	5/13/2026	<input type="checkbox"/>	P01330899
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (215) 881-8800	
	EISNER ADVISORY GROUP LLC	87-1353108			
Firm's address		130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 20,619,115. including grants of \$ 19,581,694.) (Revenue \$) PEDIATRIC CANCER RESEARCH FUND PROGRAM HIGHLIGHTS:

- ALSF FUNDS CUTTING EDGE RESEARCH PROJECTS AT TOP INSTITUTIONS GLOBALLY THAT SEEK TO CURE THE INCURABLE AND TO PROVIDE LESS TOXIC TREATMENTS FOR ALL CHILDREN WITH CANCER. PROJECTS ARE SELECTED THROUGH A COMPETITIVE GRANT REVIEW, WITH EACH APPLICATION RECEIVING MULTIPLE REVIEWS BY SCIENTISTS. THE FOCUS OF THE ALSF GRANT GIVING IS ON FILLING CRITICAL GAPS IN FUNDING FOR PEDIATRIC CANCER CURES, FROM EARLY INNOVATIVE SCIENCE TO FIRST-IN-CHILDREN CLINICAL TRIALS. OF NOTE, ALSF HAS BEEN GIVEN THE NCI PEER- REVIEWED FUNDER DESIGNATION FOR RIGOROUS SELECTION OF RESEARCH GRANTS. CONTINUED IN SCHEDULE O

4b (Code:) (Expenses \$ 1,974,426. including grants of \$) (Revenue \$ 38,275.) ALSF WORKS TO BRING AWARENESS AND UNDERSTANDING OF CHILDHOOD CANCER TO THE GENERAL PUBLIC AND TO CHILDHOOD CANCER FAMILIES.

HIGHLIGHTS INCLUDE: - THE ALSF WEBSITE PROVIDES INFORMATION, FACTS, AND EDUCATIONAL RESOURCES FOR FAMILIES OF CHILDREN WITH CANCER. IN ADDITION, ALSF PUBLISHES REFERENCE BOOKS, THE CHILDHOOD CANCER GUIDES, FOR CAREGIVERS OF CHILDREN WITH CANCER THAT THEY PROVIDE FREE TO FAMILIES. CONTINUED IN SCHEDULE O

4c (Code:) (Expenses \$ 1,343,665. including grants of \$ 753,050.) (Revenue \$) ALSF PROVIDES A RANGE OF MEANINGFUL FINANCIAL AND EMOTIONAL SUPPORT PROGRAMS TO FAMILIES WHOSE CHILDREN HAVE CANCER, INCLUDING TRAVEL FOR CARE, SIBLING SUPPORT, FLASHES OF HOPE, AND A RESOURCE NAVIGATOR.

HIGHLIGHTS OF THE SERVICES INCLUDE: - THE TRAVEL FOR CARE PROGRAM PROVIDES TRAVEL ASSISTANCE FOR FAMILIES WHO ARE FINANCIALLY BURDENED BY TRAVEL FOR TREATMENT FOR THEIR CHILDREN. FAMILIES' NEEDS ARE IDENTIFIED VIA SOCIAL WORKERS AND ALSF PROVIDES UPFRONT SUPPORT TO PAY FOR AIRFARE, GAS CARDS AND LODGING. THIS ALLOWS FAMILIES TO HAVE ACCESS TO THE BEST CARE POSSIBLE FOR THEIR CHILD REGARDLESS OF WHERE THEY LIVE. (CONTINUED IN SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,644,118. including grants of \$ 118,582.) (Revenue \$)

4e Total program service expenses 25,581,324.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance 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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (18), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X				178,913.	0.	34,548.
(2) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X				181,873.	0.	25,111.
(3) JACLYN TARONI DATA SCIENTIST	40.00					X		164,567.	0.	18,743.
(4) DAVID MEJIA ENGINEER	40.00					X		139,766.	0.	14,940.
(5) YONAY TAYLOR CHIEF ACCOUNTING OFFICER	40.00					X		123,029.	0.	16,639.
(6) LISA TOWRY CHIEF PROGRAMS OFFICER	40.00					X		116,213.	0.	20,308.
(7) JOSHUA SHAPIRO DATA SCIENTIST	40.00					X		112,887.	0.	21,630.
(8) MARY STENGEL AUSTEN BOARD MEMBER	1.00	X		X				0.	0.	0.
(9) KRISTIN KELLY SECRETARY	1.00	X		X				0.	0.	0.
(10) LARRY VINCENT VICE CHAIR	1.00	X		X				0.	0.	0.
(11) ERIC CLAIR TREASURER	1.00	X		X				0.	0.	0.
(12) MARC BRUNO BOARD MEMBER	1.00	X						0.	0.	0.
(13) STEPHEN COHN BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOEL FRANK BOARD MEMBER	1.00	X						0.	0.	0.
(15) JOCELYN HILLMAN BOARD MEMBER	1.00	X						0.	0.	0.
(16) GIANNA JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(17) BILLY KING BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEENA MANSHARAMANI BOARD MEMBER	1.00	X						0.	0.	0.
(19) SUE NAEGLE BOARD MEMBER	1.00	X						0.	0.	0.
(20) CHIP OLSON BOARD MEMBER	1.00	X						0.	0.	0.
(21) JEFF SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
(22) IRA TAUBER BOARD MEMBER	1.00	X						0.	0.	0.
(23) ED BOWEN MANAGING DIRECTOR	1.00	X						0.	0.	0.
(24) KRISTEN WATERFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(25) RICH TREMONTE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,017,248.	0.	151,919.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,017,248.	0.	151,919.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLEVER NAME HERE INC. 24 CLIFF STREET, BEACON, NEW YORK, NY 12508	WEBSITE DEVELOPMENT AND MAINTENANCE	145,860.
ORACLE NETSUITE, BANK OF AMERICA LOCKBOX SERVICES, 15612 COLLECTION, CHICAGO,	CRM AND ACCOUNTING NON PROFIT SOFTWARE	108,858.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	63,976.				
	b Membership dues	1b					
	c Fundraising events	1c	3,281,913.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	27,088,293.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 358,091.				
	h Total. Add lines 1a-1f			30,434,182.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,108,996.		1108996.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1,098,374.		1098374.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,661,492.			
	b Less: cost or other basis and sales expenses	7b	2,663,211.				
	c Gain or (loss)	7c	-1,719.				
	d Net gain or (loss)			-1,719.		-1,719.	
8 a Gross income from fundraising events (not including \$ 3,281,913. of contributions reported on line 1c). See Part IV, line 18	8a		817,911.				
			797,161.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			20,750.		20,750.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		106,195.				
			67,920.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			38,275.	38,275.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			32,698,858.	38,275.	0.	2226401.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	19,371,504.	19,371,504.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	653,050.	653,050.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	428,772.	428,772.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	420,444.	230,921.	126,133.	63,390.
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	4,563,356.	2,729,156.	973,597.	860,603.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,732.	96,054.	34,892.	30,786.
9 Other employee benefits	565,182.	316,679.	150,109.	98,394.
10 Payroll taxes	363,668.	214,639.	81,047.	67,982.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,195.		4,195.	
c Accounting	31,417.		31,417.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	326,057.	234,309.	91,748.	
12 Advertising and promotion				
13 Office expenses	33,016.	6,951.	22,772.	3,293.
14 Information technology	281,115.	198,428.	34,225.	48,462.
15 Royalties				
16 Occupancy	355,307.	166,906.	105,331.	83,070.
17 Travel	133,714.	52,166.	27,733.	53,815.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	403,831.	403,831.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,394.	46,608.	48,567.	15,219.
23 Insurance	35,082.	20,704.	7,816.	6,562.
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 LICENSES AND FEES	319,059.	20,946.	30,486.	267,627.
b PROMOTIONAL MATERIALS	221,061.	197,422.	5,288.	18,351.
c POSTAGE AND SHIPPING	131,331.	70,061.	19,294.	41,976.
d PRINTING	126,172.	38,356.	5,265.	82,551.
e All other expenses	251,692.	83,861.	78,905.	88,926.
25 Total functional expenses. Add lines 1 through 24e	29,291,151.	25,581,324.	1,878,820.	1,831,007.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	186,100.	1	35,780.
	2 Savings and temporary cash investments	21,358,649.	2	22,067,244.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,629,596.	4	3,510,527.
	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	104,229.	8	93,968.
	9 Prepaid expenses and deferred charges	244,632.	9	414,319.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,255,735.		
	b Less: accumulated depreciation	10b 2,744,995.		
	11 Investments - publicly traded securities	734,858.	10c	510,740.
	12 Investments - other securities. See Part IV, line 11	11,963,498.	11	13,852,468.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	119,173.	13	
	15 Other assets. See Part IV, line 11	29,193.	14	96,673.
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,369,928.	15	32,193.	
		16	40,613,912.	
Liabilities	17 Accounts payable and accrued expenses	1,755,345.	17	368,633.
	18 Grants payable	5,314,080.	18	3,468,060.
	19 Deferred revenue	531,640.	19	599,241.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	488,476.	25	147,181.
	26 Total liabilities. Add lines 17 through 25	8,089,541.	26	4,583,115.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,228,754.	27	22,892,359.
	28 Net assets with donor restrictions	12,051,633.	28	13,138,438.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,280,387.	32	36,030,797.
	33 Total liabilities and net assets/fund balances	39,369,928.	33	40,613,912.

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	32,698,858.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,291,151.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,407,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,280,387.
5	Net unrealized gains (losses) on investments	5	998,662.
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	344,041.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,030,797.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2025)

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22793256.	24837400.	30072895.	27922979.	30434182.	136060712
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22793256.	24837400.	30072895.	27922979.	30434182.	136060712
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21556495.
6 Public support. Subtract line 5 from line 4.						114504217

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	22793256.	24837400.	30072895.	27922979.	30434182.	136060712
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1996508.	1901113.	1637475.	1897092.	2207370.	9639558.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,137.	112,043.		287,180.	20,750.	461,110.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						146161380
12 Gross receipts from related activities, etc. (see instructions)					12	408,399.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	78.34 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	76.58 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2025. 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 - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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>			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>			
b Did the organization direct 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>			
c Did the organization have the power to regularly appoint or elect (and remove) 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>			
2a			
2b			
3a			
3b			
3c			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,117,179.	3,612,541.	3,014,051.	3,313,686.	2,949,869.
b Contributions	280,576.	224,186.	191,645.	201,378.	148,434.
c Net investment earnings, gains, and losses	579,879.	365,852.	464,045.	-501,013.	277,183.
d Grants or scholarships					
e Other expenditures for facilities and programs	92,500.	85,400.	57,200.		61,800.
f Administrative expenses					
g End of year balance	4,885,134.	4,117,179.	3,612,541.	3,014,051.	3,313,686.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 4.9069 %
- b** Permanent endowment 64.6416 %
- c** Term endowment 30.4515 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		330,526.	268,853.	61,673.
e Other		2,925,209.	2,476,142.	449,067.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				510,740.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF OPERATING LEASE LIABILITIES	147,181.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	147,181.

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	34,426,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	998,662.	
	b Donated services and use of facilities	2b	429,002.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	299,889.	
	e Add lines 2a through 2d	2e		1,727,553.
3	Subtract line 2e from line 1		3	32,698,858.
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		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	32,698,858.

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	29,676,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	429,002.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	299,889.	
	e Add lines 2a through 2d	2e		728,891.
3	Subtract line 2e from line 1		3	28,947,110.
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	344,041.	
	c Add lines 4a and 4b	4c		344,041.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	29,291,151.

Part XIII Supplemental Information

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

PART X, LINE 2:

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

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE FOUNDATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2025 AND 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY. THERE WERE NO INCOME TAX RELATED INTEREST AND PENALTIES RECORDED FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2025 OR 2024.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GALA AND OTHER SPECIAL EVENTS 299,889.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

GALA AND OTHER SPECIAL EVENTS 299,889.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
REFUND OF GRANTS OFFSET AGAINST EXPENSE ON FINANCIAL STATEMENTS 344,041.

Multiple horizontal lines for supplemental information.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	10,000.	CHECK / TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	130,000.	CHECK / TRANSFER	0.		
		EUROPE - AUSTRIA	PEDIATRIC CANCER RESEARCH	218,772.	CHECK / TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	10,000.	CHECK / TRANSFER	0.		
		NORTH AMERICA	PEDIATRIC CANCER RESEARCH	60,000.	CHECK / TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 5

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LEMON BALL	LALA	10	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	818,579.	1,378,764.	1,902,481.	4,099,824.
2	Less: Contributions	611,988.	1,027,580.	1,642,345.	3,281,913.
3	Gross income (line 1 minus line 2)	206,591.	351,184.	260,136.	817,911.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	542.		11,219.	11,761.
6	Rent/facility costs	11,238.	259,319.	89,584.	360,141.
7	Food and beverages	102,820.	10,828.	11,722.	125,370.
8	Entertainment				
9	Other direct expenses	22,654.	137,190.	140,045.	299,889.
10	Direct expense summary. Add lines 4 through 9 in column (d)				797,161.
11	Net income summary. Subtract line 10 from line 3, column (d)				20,750.

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

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

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

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number
56-2496146

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER - PHILADELPHIA, PA 19104-4318	23-1352166	501C(3)	2,317,893.	0.			PEDIATRIC CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVEN BOSTON, MA 01776	04-2263040	501C(3)	2,247,336.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - C UCSF OSR 490 ILLINOIS STREET 4TH FL - SAN FRANCISCO, CA 94143	94-6036493	501C(3)	1,925,178.	0.			PEDIATRIC CANCER RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS B - MEMPHIS, TN 38105	62-0646012	501C(3)	1,474,202.	0.			PEDIATRIC CANCER RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCMT T100 MS BCM HOUSTON, TX 77030-3411	74-1613878	501C(3)	1,415,468.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF COLORADO DENVER ANSCHUTZ MEDICAL CAMPUS - ANSCHUTZ MEDICAL CAMPUS FITZSIMONS BLDG FORMERLY BLDG 500 13001 E	84-6000555	501C(3)	747,000.	0.			PEDIATRIC CANCER RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENT OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET, 5TH FLOOR WOLVERINE TOWER - ANN ARBOR, MI 48109-1274	36-6006309	501C(3)	660,462.	0.			PEDIATRIC CANCER RESEARCH
BOSTON CHILDREN'S HOSPITAL P O BOX 414 BOSTON, MA 02241-4413	04-2774441	501C(3)	551,972.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD MS LOS ANGELES, CA 90027	95-1690977	501C(3)	416,000.	0.			PEDIATRIC CANCER RESEARCH
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER (UT SOUTHWESTERN) - 5323 HARRY HINES B - DALLAS, TX 75390-9020	75-6002868	501C(3)	376,000.	0.			PEDIATRIC CANCER RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK R BALTIMORE, MD 21211	52-0595110	501C(3)	357,095.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF PENNSYLVANIA, PERELMAN SCHOOL OF MEDICINE - 3451 WALNUT STREET, FRANKLIN BLDG, 5TH FL - PHILADELPHIA, PA 19104	23-1352685	501C(3)	330,000.	0.			PEDIATRIC CANCER RESEARCH
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501C(3)	325,000.	0.			PEDIATRIC CANCER RESEARCH
MEMORIAL SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH - PO BOX 27 - NEW YORK, NY 10087-7106	13-1924236	501C(3)	319,807.	0.			PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY 2200 W MAIN STREET, SUITE 820 DURHAM, NC 27705-4677	56-0532129	501C(3)	283,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE BOX 3 - NEW YORK, NY 10029-6574	13-6171197	501C(3)	266,000.	0.			PEDIATRIC CANCER RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-6056230	501C(3)	259,831.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CA, LOS ANGELES - 10889 WILSHIRE BOULEVARD SUITE - LOS ANGELES, CA 90095-1406	95-6006143	501C(3)	228,200.	0.			PEDIATRIC CANCER RESEARCH
STANFORD UNIVERSITY 450 JANE STANFORD STANFORD, CA 94305	94-1156365	501C(3)	225,932.	0.			PEDIATRIC CANCER RESEARCH
RUTGERS BIOMEDICAL AND HEALTH SCIENCES - 65 BERGEN STR - NEWARK, NJ 07107-3001	22-6001086	501C(3)	214,865.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT H GAINESVILLE, FL 32611	59-6002052	501C(3)	214,401.	0.			PEDIATRIC CANCER RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C(3)	208,862.	0.			PEDIATRIC CANCER RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD MSC 1034-0423 ST. LOUIS, MO 63105-2161	43-0653611	501C(3)	206,000.	0.			PEDIATRIC CANCER RESEARCH
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION - ANN & ROBERT H LURIE CHILDREN S HOSPITAL OF CHICAGO FOUNDATION 225	36-3357006	501C(3)	205,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY OHSU OFFICE OF PROPOSAL & AWARD MGMT PO BOX 3003 - PORTLAND, OR 97208	93-1176109	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 3181 SW SAM JACKSON PARK R - PORTLAND, OR 97239	23-7083114	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS A CHICAGO, IL 60603	36-2177139	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE S AB9 - BIRMINGHAM, AL 35294-0109	63-6005396	501C(3)	194,854.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF PITTSBURGH ATTN: 371220 500 ROSS STREET 154-04 PITTSBURGH, PA 15260	25-0965591	501C(3)	190,000.	0.			PEDIATRIC CANCER RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY - CHARLESTON, SC 29425-8908	57-6000722	501C(3)	134,384.	0.			PEDIATRIC CANCER RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET, MAIL CODE 8749 - NEW YORK, NY 10027	13-5598093	501C(3)	130,000.	0.			PEDIATRIC CANCER RESEARCH
VANDERBILT UNIVERSITY DEVELOPMENT & ALUMNI RELATIONS - PMB 406310 2301 VANDERBILT PL - NASHVILLE, TN 37240	62-0476822	501C(3)	126,000.	0.			PEDIATRIC CANCER RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA B PASADENA, CA 91125	95-1643307	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHICA, NY 14850	15-0532082	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF WISCONSIN-MADISON 21 N PARK ST SU MADISON, WI 53715-1218	39-1805963	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF UTAH 81 MARIO CAPECCHI SALT LAKE CITY, UT 84113	87-6000525	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA (DULUTH CAMPUS) - 1049 UNIVERSITY DRIVE 409 DARLAND ADMINISTRATION BUILD - DULUTH, MN	41-6007513	501C(3)	123,257.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SANTA CRUZ - 1156 HIGH STREET - SANTA CRUZ, CA 95064	94-1539563	501C(3)	108,582.	0.			PEDIATRIC CANCER RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322-4250	58-0566256	501C(3)	106,076.	0.			PEDIATRIC CANCER RESEARCH
MOMCOLOGY 103 WELLWOOD AVENUE SAINT JOHNS, FL 32259	46-3904440	501C(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - ONE CHILDREN'S HOSPITAL DRIVE 4401 PENN AVE - PITTSBURGH, PA 15224	25-1865744	501C(3)	99,357.	0.			PEDIATRIC CANCER RESEARCH
LOMA LINDA UNIVERSITY 11219 ANDERSON STR LOMA LINDA, CA 92354	95-1816009	501C(3)	98,921.	0.			PEDIATRIC CANCER RESEARCH
MAYO CLINIC JACKSONVILLE MAYO CLINIC RESEARCH FINANCE JACKSONVILLE PO BOX 860 - MINNEAPOLIS, MN 55486	59-3337028	501C(3)	75,442.	0.			PEDIATRIC CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL RESEARCH - BANK OF AMERICA N A P O BOX 414 - BOSTON, MA 02241-4876	04-2697983	501C(3)	65,000.	0.			PEDIATRIC CANCER RESEARCH
SEATTLE CHILDREN'S HOSPITAL PO BOX 24 SEATTLE, WA 98124-0728	91-0564748	501C(3)	65,000.	0.			PEDIATRIC CANCER RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE, HARVARD T. H. CHAN SCHOOL OF PUBL - 677 HUNTINGTON AVE - BOSTON, MA 02115	04-2103580	501C(3)	61,029.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CA, SAN DIEGO - 9500 GILMAN DRIVE, MC 0952 - LA JOLLA, CA 92093-0952	95-6006144	501C(3)	61,000.	0.			PEDIATRIC CANCER RESEARCH
NORTH CAROLINA STATE TREASURER FOR FURTHER CREDIT TO UNIVERSITY OF NORTH CA - OFFICE OF SPONSORED PROGRAMS 104 AIRPORT DRIVE SUITE	56-6001393	501C(3)	60,000.	0.			PEDIATRIC CANCER RESEARCH
SANFORD BIRMINGHAM, PREBYS MEDICAL DISCOVERY INSTITUTE - 10901 N TORREY PINES RD - LA JOLLA, CA 92037	51-0197108	501C(3)	60,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BROAD INSTITUTE INC. 415 MAIN STR CAMBRIDGE, MA 02142	26-3428781	501C(3)	43,332.	0.			PEDIATRIC CANCER RESEARCH
AUGUSTA UNIVERSITY 1120 15TH STR AUGUSTA, GA 30912	58-1418202	501C(3)	42,694.	0.			PEDIATRIC CANCER RESEARCH
THE CLEVELAND CLINIC FOUNDATION (RESEARCH) - 9500 EUCLID AVE J - CLEVELAND, OH 44195	34-0714585	501C(3)	24,931.	0.			PEDIATRIC CANCER RESEARCH
TEXAS TECH UNIVERSITY SYSTEM - LUBBOCK - 3601 4TH STREET MS - LUBBOCK, TX 79430	75-2668014	501C(3)	18,442.	0.			PEDIATRIC CANCER RESEARCH
CHILDRENS HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVE BOX - AURORA, CO 80045	84-0813462	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
TEXAS CHILDREN'S HOSPITAL 6221 FANNING STREET HOUSTON, TX 77030	74-1100555	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF KENTUCKY 740 SOUTH LIMESTONE KY CLINIC J LEXINGTON, KY 40536	61-6001218	501C(3)	6,000.	0.			PEDIATRIC CANCER RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FAMILY TRAVEL GRANTS AND FLASHES OF HOPE PHOTOGRAPHS	2243	545,655.	107,395.	FAIR VALUE	PRINTED PHOTOGRAPHS

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

PART I, LINE 2:
 GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS.
 INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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) JASON SCOTT CO-EXECUTIVE DIRECTOR	(i)	178,913.	0.	7,350.	27,198.	213,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	(i)	181,873.	0.	7,350.	17,761.	206,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) JACLYN TARONI DATA SCIENTIST	(i)	164,567.	0.	6,982.	11,761.	183,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) DAVID MEJTA ENGINEER	(i)	139,766.	0.	4,237.	10,703.	154,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

EXECUTIVE COMPENSATION PROCEDURE:

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

Multiple horizontal lines for supplemental information.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 and Total.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ERIN FLYNN-BLAIR	SISTER OF ELIZABETH	11,350.	CONSULTING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIN FLYNN-BLAIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF ELIZABETH SCOTT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	250,696.	HI/LOW DATE OF SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>PHOTOGRAPHS</u>)	X	1,903	107,395.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2025 Created 12/29/25

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF ITEMS ON LINE 9 REPRESENT THE NUMBER OF UNIQUE STOCK CONTRIBUTIONS BY INDIVIDUAL DONORS.

THE COUNT ON LINE 25 REPRESENTS THE NUMBER OF CHILDREN PROFESSIONALLY PHOTOGRAPHED FOR WHICH PHYSICAL COPIES WERE PROVIDED TO THE FAMILIES.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
FOUNDATION

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

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

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

- ALSF'S FUNDING OVER THE YEARS HAS SUPPORTED MORE THAN 1,500 RESEARCH
PROJECTS AT MORE THAN 150 DIFFERENT INSTITUTIONS. FUNDED PROJECTS ARE
REQUIRED TO SUBMIT PROGRESS REPORTS WHICH ARE PEER REVIEWED BY MEMBERS
OF OUR SCIENTIFIC REVIEW BOARD TO ENSURE GOOD STEWARDSHIP OF THE FUNDS
AND APPROPRIATE PROGRESS IS BEING MADE.

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

- ALSF BELIEVES THAT EVERYONE CAN PARTICIPATE IN THE CAUSE; TO THAT END
ALSF HAS CREATED AWARENESS AND FUNDRAISING MECHANISMS THAT ARE EASY TO
USE, REMOVE BARRIERS TO PARTICIPATION, AND BRING THE STORIES AND FACTS
OF CHILDHOOD CANCER TO COMMUNITIES ACROSS THE COUNTRY.

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

340 FAMILIES ACROSS ALL 50 STATES WERE HELPED, AND THE AVERAGE ANNUAL
INCOME OF A FAMILY SUPPORTED VIA THE TRAVEL FOR CARE PROGRAM IN 2025
WAS \$52,756.

- THE SUPERSIBS PROGRAM PROVIDES COMFORT, CARE AND EMPOWERMENT TO
SIBLINGS OF CHILDREN WITH CANCER. THROUGH REGULAR AGE-APPROPRIATE
MAILINGS, MORE THAN 3000 SIBLINGS WERE SUPPORTED IN 2025.

- ALSF EMPLOYS A FULLTIME RESOURCE NAVIGATOR WHO IS DEDICATED TO
ANSWERING CALLS AND EMAILS FROM FAMILIES SEEKING SUPPORT. SHE PROVIDES
PERSONALIZED ASSISTANCE IN IDENTIFYING AND CONNECTING FAMILIES WITH THE
FINANCIAL AND EMOTIONAL HELP THEY ARE SEEKING.

- FLASHES OF HOPE CREATES UPLIFTING PROFESSIONAL PORTRAITS OF CHILDREN
FIGHTING CANCER AND THEIR FAMILIES.

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

DATA LAB - TO ACCELERATE THE PACE OF FINDING CURES FOR CHILDHOOD CANCER
BY EMPOWERING SCIENTISTS AND DOCTORS TO HARNESS THE POWER OF BIG DATA
THROUGH THE DATA LAB. THE FOUNDATION'S CHILDHOOD CANCER DATA LAB IS
DEDICATED TO CHILDHOOD CANCER BY TRANSLATING RESEARCH DATA INTO ONE
CONSISTENT FORMAT SO THAT ALL RESEARCHERS CAN ACCESS AND UNDERSTAND.
EXPENSES \$ 1,644,118. INCLUDING GRANTS OF \$ 118,582. REVENUE \$ 0.

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

JASON SCOTT AND ELIZABETH SCOTT ARE HUSBAND AND WIFE.

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

ALEX'S LEMONADE STAND FOUNDATION HAS ONE CLASS OF MEMBERS WHOSE VOTING AND
OTHER RIGHTS AND INTERESTS SHALL BE EQUAL EXCEPT FOR THE RIGHTS GIVEN TO

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization ALEXS LEMONADE STAND FOUNDATION	Employer identification number 56-2496146
JASON SCOTT AND ELIZABETH SCOTT FOR APPOINTING AND REMOVING MEMBERS OF THE CORPORATION AS NOTED IN PART VI, LINE 7A.	

FORM 990, PART VI, SECTION A, LINE 7A:
 THE INITIAL MEMBERS OF THE CORPORATION CONSIST OF JASON SCOTT AND ELIZABETH SCOTT. THE INITIAL MEMBERS MAY, FROM TIME TO TIME, BY UNANIMOUS VOTE, NAME ONE OR MORE ADDITIONAL PERSONS TO BE MEMBERS OF THE CORPORATION. EACH MEMBER OF THE CORPORATION SHALL REMAIN A MEMBER UNTIL HIS OR HER RESIGNATION, DEATH, OR IN THE CASE OF ANY MEMBER NAMED BY THE INITIAL MEMBERS, HIS OR HER REMOVAL BY A UNANIMOUS VOTE OF THE INITIAL MEMBERS. UPON THE DEATH OR RESIGNATION OF THE LAST LIVING MEMBER OF THE CORPORATION, THOSE PERSONS THEN SERVING AS DIRECTORS OF THE CORPORATION SHALL, WITHOUT FURTHER ACTION, BECOME MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:
 PRIOR TO FILING FORM 990, IT IS DISCUSSED WITH THE FINANCE COMMITTEE AND DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:
 ALL BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY TO REVIEW UPON JOINING THE BOARD. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICTS THAT ARISE AND ARE NOT ALLOWED TO VOTE OR PARTICIPATE IN BOARD MATTERS FOR WHICH THEY HAVE A CONFLICT. THE SCIENTIFIC REVIEW BOARD MEMBERS ARE EACH GIVEN A CONFLICT OF INTEREST POLICY. MEMBERS RECUSE THEMSELVES FROM VOTING ON A PROJECT WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:
 EXECUTIVE COMPENSATION PROCEDURE:
 ALL COMPENSATION OR BENEFIT ADJUSTMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES ANNUAL CHANGES AFTER REVIEWING THE RESULTS OF AN ANNUAL PERFORMANCE REVIEW PERFORMED BY A SUBSET OF THE LEADERSHIP AND GOVERNANCE COMMITTEE.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 REFUNDS OF PRIOR YEAR GRANTS AWARDED 344,041.

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