

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2023**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CHILDREN'S LEUKEMIA RESEARCH ASSN., INC. 585 STEWART AVENUE #520 GARDEN CITY, NY 11530	D Employer identification number 11-2106778 E Telephone number (516) 222-1944 G Gross receipts \$ 633,742.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.CHILDRENSLEUKEMIA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1966	M State of legal domicile: NY

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT RESEARCH EFFORTS TOWARDS FINDING THE CAUSES AND A CURE FOR LEUKEMIA AND ASSIST FAMILIES IN MEETING THE FINANCIAL OBLIGATIONS INCURRED IN LEUKEMIA TREATMENT.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 4
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	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)	85,098. 78,831.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,930. 159,516.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,028. 238,347.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,167. 127,658.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25) 13,510.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	357,683. 357,364.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	581,850. 575,022.
19		Revenue less expenses. Subtract line 18 from line 12	-360,822. -336,675.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,370,296. End of Year 978,306.
	21	Total liabilities (Part X, line 26)	10,656. 7,712.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,359,640. 970,594.

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 PASQUALE ALESIA	Date PRESIDENT			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARK GOLDBERG	Preparer's signature MARK GOLDBERG	Date	Check <input type="checkbox"/> if self-employed	PTIN P00169293
	Firm's name RAPHAEL GOLDBERG NIKPOUR & COHEN			Firm's EIN 26-1525737	
	Firm's address 97 FROEHLICH FARM BLVD WOODBURY, NY 11797			Phone no. 516-864-8600	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO SUPPORT RESEARCH EFFORTS TOWARDS FINDING THE CAUSES AND A CURE FOR LEUKEMIA AND
ASSIST FAMILIES IN MEETING THE FINANCIAL OBLIGATIONS INCURRED IN LEUKEMIA TREATMENT.

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

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

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

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

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

4a (Code:) (Expenses \$ 259,030. including grants of \$) (Revenue \$)
PATIENT AID-REIMBURSEMENTS AND OTHER AID GIVEN TO PERSONS OR FAMILY MEMBERS (IN CASE
OF MINORS) WHO HAVE LEUKEMIA, INCLUDING PUBLIC INFORMATION AND EDUCATION.
APPROXIMATELY 120 PATIENTS WERE HELPED.

4b (Code:) (Expenses \$ 175,783. including grants of \$) (Revenue \$)
OTHER DIRECT AND INDIRECT EXPENSES ALLOCATED TO PROGRAM SERVICE TO AID IN LEUKEMIA
TREATMENT AND CARE

4c (Code:) (Expenses \$ 90,000. including grants of \$) (Revenue \$)
RESEARCH-GRANTS MADE TO DOCTORS AND SCIENTISTS FOR RESEARCH IN LEUKEMIA TREATMENT AND
NON DESIGNATED PATIENT SERVICES. GRANT ALLOCATION IS DETERMINED BY BOARD OF TRUSTEES
AND MEMBERS OF THE MEDICAL ADVISORY COMMITTEE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 524,813.