Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change BAND OF PARENTS, INC. Name 26-1227872 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 646-846-4475 2248 BROADWAY 1009 897,853. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10024 H(a) Is this a group return return
Application
pending F Name and address of principal officer: ADNAN SIDDIQI Yes X No for subordinates? 10024 2248 BROADWAY #1009, NEW YORK, NY **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.BANDOFPARENTS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation L Year of formation: 2007 M State of legal domicile: NY Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE PRIMARY GOAL OF THE Activities & Governance ORGANIZATION IS TO FUND AND SUPPORT RESEARCH RELATED TO THE STUDY OF 2 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 960,890. 826,381. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 31,327.5,656. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -87,554.-42,142. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 950,075. 744,483. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 805,394. 649,506. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 197,470. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 185,143. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 63,670. 58,898. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,054,207. 905,874. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -104,132. -161,391. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 710,617. 516,683. Total assets (Part X, line 16) 7,600. 12,000. 21 Total liabilities (Part X, line 26) 703,017. 504,683 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ADNAN SIDDIQI, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00047379 LAWRENCE MERIL LAWRENCE MERIL Paid Firm's name MARCUM LLP Firm's EIN 11-1986323 Preparer Firm's address 250 PEHLE AVE, SUITE 601 Use Only Phone no. (201) 905-0400SADDLE BROOK, NJ 07663 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PRIMARY GOAL OF THE ORGANIZATION IS TO FUND AND SUPPORT RESEARCH
	RELATED TO THE STUDY OF PEDIATRIC CANCER INCLUDING, BUT NOT LIMITED TO, THE STUDY OF NEUROBLASTOMA.
	10, THE STODE OF NEOROBLASTOMA.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 228,497. including grants of \$ 228,497.) (Revenue \$ 151,189.) GIVEN TO HOUSING COVID-19 CAMPAIGN TO SUPPORT HOUSING EXPENSES FOR
	FAMILIES DURING THE COVID-19 PANDEMIC
	TANIBIED DOKING THE COVID TO TANDEMIC
4b	(Code:) (Expenses \$ 90,000 • including grants of \$) (Revenue \$)
TU	GIVEN TO SOLVING KID'S CANCER FOR THE TITAN PROJECT MILESTONE AND FOR
	THE ULTRA HIGH RISK BIOMARKER PROJECT
4c	(Code:) (Expenses \$ 83,634 • including grants of \$ 83,634 •) (Revenue \$)
	GIVEN TO GARDEN OF DREAMS TO MAKE DREAMS COME TRUE FOR CHILDREN IN NEED
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 378,220 • including grants of \$ 247,375 •) (Revenue \$)
4e	Total program service expenses 780,351. Form 990 (2022)
	Form 990 (2022)

Form 990 (2022) BAND OF PARENTS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	47	

Form 990 (2022) BAND OF PARENTS, INC.

Part IV Checklist of Required Schedules (continued)

	· (GOTATIAGG)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		1
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
38		38	Х	
Par		<u> 30</u>	. 22	
	Check if Schedule O contains a response or note to any line in this Part V			
	2.155 25.154410 C Contains a respected of free to any life in the fact v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c		
22202	12.12.22	_	990	(2022)

	990 (2022) BAND OF PARENTS, INC. 26-1227	872	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-				
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			7.7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			-				
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f 7g		X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	, , , , , , , , , , , , , , , , , , , ,							
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
		1						
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders	1						
b								
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	100						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u></u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.75						
.5	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	, , , , , , , , , , , , , , , , , , , ,	1	1	1				

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

<u> </u>	tion A. doverning body and Management									
			_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ith any other								
	officer, director, trustee, or key employee?		🗀	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		🗀	3		X				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5										
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or								
	more members of the governing body?		7	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	kholders, or								
	persons other than the governing body?		7	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	y the following:								
а										
b Each committee with authority to act on behalf of the governing body?										
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		<u> 1</u>	0a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	0b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the form	? 1	1a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<u> 1</u>	2a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	<u> 1</u> :	2b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	," describe								
	on Schedule O how this was done		1	2c	Х					
13	Did the organization have a written whistleblower policy?		[_1	13	Х					
14	Did the organization have a written document retention and destruction policy?		🔟	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by	y independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				Х					
a The organization's CEO, Executive Director, or top management official										
b Other officers or key employees of the organization										
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a								
	taxable entity during the year?		1	6a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	ts participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization									
_	exempt status with respect to such arrangements?		1	6b						
Sec	tion C. Disclosure									

- List the states with which a copy of this Form 990 is required to be filed NY, CA, FL, IL, KS, MA, MD, NJ, PA, VA, WV
- 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)

- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records PRISCILLA MA - 646-846-4475

2248 BROADWAY, #1009, NEW YORK NY 10024

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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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson i	than o	an an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PRISCILLA MA EXECUTIVE DIRECTOR	40.00			х				140 046	0.	0
(2) FRANCESCA DEMERS	2.00			Λ				148,846.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(3) CARYN FRANCA	2.00							•		
DIRECTOR		Х						0.	0.	0.
(4) JILL OSTRAGER-COHEN	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MARK UNGER	5.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ADNAN SIDDIQI	5.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) KENNETH LYNCH	2.00	ļ								
DIRECTOR	F 00	Х						0.	0.	0.
(8) MARC WINTHROP CHAIRMAN	5.00	3,7		7.7				0.		0
(9) JENN WOLF	2.00	Х		Х				0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) ABBY BRODY	2.00	Λ						0.	0.	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(11) VANESSA FORTE-ABBADESSA	2.00	-25						•	•	
DIRECTOR	2,00	х						0.	0.	0.
(12) JEN LOOS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) GREGORY SIZIKOV	2.00									_
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		1								

Form 990 (2022)

	(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estin amo	F) nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	99-MISC/ fro -NEC) orga and		nsation the ization elateo zation	n d
	Subtotal								148,846.).			0.
	Total from continuation sheets to Part VI								148,846.).			<u>0.</u>
_ <u>u</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								•		<i>7</i> •			<u> </u>
	compensation from the organization													1
2	Did the expenientian list any former officer	divactor to late	aa l		mal	0110		, bia	haat aannanaatad amn	lavaa an		Y	es I	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a									dual for services		5		X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scheaule	9 J T	or su	icn į	oers	on					5		21
1	Complete this table for your five highest co										nsatio	on from		
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin T	ı the organization's tax y (B)	ear.		(C)		—
	Name and business	address	NO	ONE	3				Description of s	services	Со	mpens	ation	
2	Total number of independent contractors (ii \$100,000 of compensation from the organize		ot lin	nited	d to	thos		ted	above) who received me	ore than				
											F	orm 9 9	0 (20)22)

15131030 150872 247542

Form 990 (2022) BAND OF PARENTS, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ņς	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	417,260.				
Ę,		d Related organizations 1d	11772000				
ig ig		e Government grants (contributions)					
ons,							
atio er	T	All other contributions, gifts, grants, and	400 121				
ĕŧ		similar amounts not included above 1f	409,121. 46,189.				
on t		Noncash contributions included in lines 1a-1f	40,109.	006 201			
<u>0</u> 8	r	1 Total. Add lines 1a-1f	T	826,381.			
			Business Code				
မွ	2 a	a					
e Ķ	b	·					
Series	c	:					
am	c						
Program Service Revenue	e	•					
<u>P</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		7,854.			7,854.
	4	Income from investment of tax-exempt bond p		-			
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 =	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	1 8	60 610	. ,				
	_						
	r	Less: cost or other basis					
ığ		and sales expenses 76 65,816.					
ther Revenue		Gain or (loss) 7c -2,198.		0.100			2 100
æ		d Net gain or (loss)		-2,198.			-2,198.
þe	8 8	Gross income from fundraising events (not					
ᅙ		including \$ 417 , 260 . of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b	87,554.				
		Net income or (loss) from fundraising events		-87,554.			-87,554.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a	ı				
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10	0				
		Net income or (loss) from sales of inventory					
		, 111, 1111 1110 11 1110 11	Business Code				
sno	11 a	a					
nec	b						
Miscellaneous Revenue							
Sce	,	d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		744,483.	0.	0.	-81,898.
				,			,

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 (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 414,647 414,647. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 228,497. 228,497. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 6,362. individuals. See Part IV, lines 15 and 16 6,362. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 177,875. 88,938. 17,788. 71,149. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,131. 5,328. 2,664. 533. Other employee benefits 9 14,267. 7,134. 427. 5,706. 10 Payroll taxes Fees for services (nonemployees): Management Legal 12,000. 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 3,027. 3,027. Advertising and promotion 12 1,951. 1,366. 390. 195. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 714. 357. 357. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 211. 211. Depreciation, depletion, and amortization 22 3,624. 2,537. 725. 362. 23 Other expenses. Itemize expenses not covered 24 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.) 8,219. 913. 9,132. WEBSITE BANK FEES 8,504. 8,504. 7,604. 3,802. LICENSES AND FEES 3,802. 7,038. 7,038. d MEDICAL SUPPLIES 5,093. 3,565. 1.019. 509. e All other expenses 905,874. 780,351. 40,399. 85,124. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form 990 (2022)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

	^	Check if Schedule O contains a response or n	ote to any	line in this Part X			
		Chicar Concado C Concamo a response o m			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			312,489.	1	199,936.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			52,500.	3	32,000
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
§ ∣	9	Prepaid expenses and deferred charges			11,689.	9	21,509
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,055.			
	b	Less: accumulated depreciation		774.	492.	10c	281
-	11	Investments - publicly traded securities			333,447.	11	262,957
-	12	Investments - other securities. See Part IV, line				12	
-	13	Investments - program-related. See Part IV, lin		13			
-	14	Intangible assets		14			
-	15	Other assets. See Part IV, line 11			15		
-	16	Total assets. Add lines 1 through 15 (must ed	710,617.	16	516,683		
-	17	Accounts payable and accrued expenses			7,600.	17	12,000
-	18	Grants payable		18			
-	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete				21	
s 2	22	Loans and other payables to any current or for					
i <u>≘</u>		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ns		22	
ړ ا ≝	23	Secured mortgages and notes payable to unre				23	
2	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			7,600.	26	12,000
		Organizations that follow FASB ASC 958, cl	neck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> 2	27	Net assets without donor restrictions			703,017.	27	504,683
_ Ba 2	28	Net assets with donor restrictions				28	
밀		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
0 2	29	Capital stock or trust principal, or current fund			29		
Set Set	30	Paid-in or capital surplus, or land, building, or			30		
8 3	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			703,017.	32	504,683
	33	Total liabilities and net assets/fund balances			710,617.	33	516,683

Form	1990 (2022) BAND OF PARENTS, INC.	70-T7	2/0/2	Pag	ge 🛂		
Pa	rt 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			83.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-161	L,3:	91.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	703	3,0	<u>17.</u>		
5	Net unrealized gains (losses) on investments	5	-36	5,9	43.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BAND OF PARENTS, 26-1227872 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С

- its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
- requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

i Enter the hamber of supported t	organizations					
g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
 Total						

Enter the number of supported organizations

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	208,605.	986,077.	969,301.	960,890.	784,061.	3908934.
2	Tax revenues levied for the organ-						
	ization'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	208,605.	986,077.	969,301.	960,890.	784,061.	3908934.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3908934.
	ction B. Total Support						000000
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	208,605.	986,077.	969,301.	960,890.	784,061.	3908934.
	Gross income from interest,					,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,644.	16,147.	17,213.	31,327.	5,656.	84,987.
a	Net income from unrelated business		20/22/0	27,72200	32,32,0	3,0300	01/00/1
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	56.		27.			83.
11	Total support. Add lines 7 through 10	30.		27.			3994004.
	Gross receipts from related activities,	oto (ooo inotruotio	.no)			12	3334004.
	First 5 years. If the Form 990 is for the			outh or fifth toy	voor oo o pootion 5		
13							
Sec	organization, check this box and storection C. Computation of Publi	c Support Per	centage	• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2022 (I			rolumn (f))		14	97.87 %
	Public support percentage from 2021		•			15	97.68 %
	33 1/3% support test - 2022. If the o			line 13, and line 1			
100	stop here. The organization qualifies						T
h	33 1/3% support test - 2021. If the o		•			or more, check thi	
~	and stop here. The organization qual						
17~	10% -facts-and-circumstances test						
17 a							
	and if the organization meets the facts					_	
1.	meets the facts-and-circumstances te	•	•			70. and line 15 is :	
10	10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support		•				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(=) == 10	(3) 2010	(3) 2020	(2) 2021	(5) 2022	(.) (
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		1	-	 	+	
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1		T		T
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on		<u> </u>		<u> </u>	<u> </u>	
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here	•			•	. , . ,	•
Sec	ction C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2022 (li			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					•	,-
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an						
			- Jan Landin quan	ac a pablicly o	- PP 5. 104 Organiz		
h		organization did r	not check a hox or	line 14 or line 19s	a, and line 16 is m	ore than 33 1/3% a	nd
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, chec						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

232024 12-09-22

Sche	edule A (Form 990) 2022 BAND OF PARENTS, INC.	26-122787	72 p	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's official capacity, or trustees at all times during the tax year? 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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	tne1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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? If "Yes." describe in Part VI the role the organization's			
	,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
		···ctions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction organization satisfied the Activities Test. Complete line 2 below.	uctions).		
a	,			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ly (see instruction		TNI
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? 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	2b		1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

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

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

Section	on 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			
Secti	on 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Secti	on 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	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	anization (see	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INC. BAND OF PARENTS

26-1227872

Organization type (check one):

Filers of: Section:

X 501(c)(3) (enter number) organization Form 990 or 990-EZ

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

BAND OF PARENTS, INC.

26-1227872

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223/53 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** BAND OF PARENTS, INC. 26-1227872 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

BAND OF PARENTS, INC.

Employer identification number 26-1227872

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	cour	i ts. Cor	nplete if the	
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor ad	vised	d funds	(b) Fun	ds and ot	her 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 v		s hel	d in donor advise	ed fund	is			
	are the organization's property, subject to the organization's	-						Yes	No
6	Did the organization inform all grantees, donors, and donor ad								
	for charitable purposes and not for the benefit of the donor or								
	impermissible private benefit?							Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, F	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).						
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important	t land area	
	Protection of natural habitat			Preservation of	a certi	fied his	storic stru	cture	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cor	ıtribu	tion in the form of	of a cor	nserva			
	day of the tax year.						Held at th	e End of the T	ax Year
а	Total number of conservation easements					2a			
b						2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c			
d	Number of conservation easements included in (c) acquired a								
	historic structure listed in the National Register					2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the	organi	zation	during the	e tax	
	year								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the peri							_	
	violations, and enforcement of the conservation easements it						L	_ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations	s, and	d enforcing cons	ervatio	n ease	ments du	ring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d anf	orcina conservat	ion ag	comon	e durina t	the year	
•	Amount of expenses mounted in morntoning, inspecting, name	iiing or violations, and	a Citi	ording conservat	ion cac	SCITICITI	is during i	ine year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents	of section 170(h	n)(4)(B)((i)			
	and section 170(h)(4)(B)(ii)?	•		-				Yes	No
9	In Part XIII, describe how the organization reports conservation								
	balance sheet, and include, if applicable, the text of the footn								
	organization's accounting for conservation easements.	· ·							
Par	t III Organizations Maintaining Collections of	Art, Historical	Γrea	sures, or Ot	her S	imila	r Asset	S.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet work	s	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	tion,	or research in fu	rtheran	ice of p	oublic		
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	desc	ribes these item	S.				
b	If the organization elected, as permitted under FASB ASC 956	•							
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic servic	e,	
	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 treatments				gain, p				
	the following amounts required to be reported under FASB A	SC 958 relating to th	ese i	tems:					
а	Revenue included on Form 990, Part VIII, line 1						\$		
b	Assets included in Form 990, Part X						\$		

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

Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Othei	Similar	Assets	(continued	d)
3	Using the organization's acquisition, accession									
	collection items (check all that apply):	·	•	•	· ·					
а	Public exhibition	d	ıΠι	_oan or exc	hange progra	am				
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizatio	n's exen	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio					ine 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
	· · ·	•	_						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on I	Part XIII				
Pai	t V Endowment Funds. Complete i	f the organization an	swered "	'Yes" on Fo	rm 990, Part	IV, line 1	0.			
	·	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	. column (a))) held as:					
а	Board designated or quasi-endowment	•	%	,	,,					
b	Permanent endowment	%								
C		<u></u> , - %								
	The percentages on lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posses	•	ation that	are held ar	nd administer	ed for th	e			
-	organization by:			u. o 1101u u.			•		Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate oreciation	d	(d) Book va	lue
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
_ е	Other				1,055.		77	74.		281.
	l. Add lines 1a through 1e. <i>(Column (d) must</i> e		X colum							281.

Schedule D (Form 990) 2022

	Form 990) 2022 BAND OF PAR Investments - Other Securities.	ENTS, INC.	26	-1227872 Pag
r art vii	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990. Part X. line 12.	
(a) Descript	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	l derivatives			
2) Closely h	neld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	5 000 B 1 N/ II 4	14 O E 000 B 1 V II 40	
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9))			
Part IX) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
ui t ix	Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
		Description	17d. 666 F 61111 350, F are X, IIII 6 15.	(b) Book value
(4)	(4)	Description		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X	Other Liabilities. Complete if the organization answered "Yes"			l
	(a) Description of liability	Offi Offi 930, Fart IV, line 1	THE OF THE GEET OF 1930, THAT A, TIME 23	(b) Book value
(1) Fad				(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

(7) (8)

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

Sche	edule D (Form 990) 2022 BAND OF PARENTS, INC.			26-12	227872 _{Page} 4
_	rt XI Reconciliation of Revenue per Audited Financial State	ments With F			y
	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	795,094.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments	2a	-36,943.		
	Donated services and use of facilities			-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				26 042
	Add lines 2a through 2d			2e	-36,943.
3				3	832,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b		07 55/	-	
	Other (Describe in Part XIII.)		-87,554.		07 EE/
	Add lines 4a and 4b			4c	-87,554. 744,483.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	monte With	Evnences per E	5 Peturn	/44,463.
га	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expenses per r	netuiii.	
1	Total expenses and losses per audited financial statements			1	993,428.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				333,1200
	Donated services and use of facilities	2a			
	Prior year adjustments			-	
	Other losses				
	Other (Describe in Part XIII.)		87,554.	1	
	Add lines 2a through 2d		•	2e	87,554.
	Subtract line 2e from line 1			3	905,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	905,874.
Pa	rt XIII Supplemental Information.				•
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, I	ine 2; Part XI,
PA]	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
ΙΕ'	T LOSS FROM FUNDRAISING EVENTS				-87,554.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
ΞX	PENSES DIRECTLY RELATED TO FUNDRAISING EV	ENTS			87,554.

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

BAND OF PARENTS, 26-1227872 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region

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

0

0

0

Schedule F (Form 990) 2022

and 3b)

3 a Subtotal **b** Total from continuation

> sheets to Part I Totals (add lines 3a

0.

0.

Part II	Grants and Other Assistance to Or	ganizations or Entities C	Outside the United States.	complete if the or	ganization 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)		(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)
			FOR PEDIATRIC CANCER PATIENTS IN UKRAINE	6,362.	WIRE TRANSFER	0.		FMV
2 Enter total number of	recipient organization	ns listed above that are	ecognized as charities by the f	foreign country.	recognized as a tax			

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	
_		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

Part III Grants and Other Assistanc Part III can be duplicated if ac			tes. Complete if	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							Employer ide	ntification number
BAND OF	PARENTS,	INC.					26-1227	872
Part I Fundraising Activities. required to complete this part		ganization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais		any of the followin	a activ	itios (Chack all that apply			
a Mail solicitations	ed farias trifoagir a				overnment grants			
b Internet and email solicitations								
					nment grants			
c Phone solicitations		g Special	lunura	using e	events			
d In-person solicitations			<i>(</i> ·		<i>-</i>			
2 a Did the organization have a written o	-			-		tees,		
key employees listed in Form 990, Pa							Yes	
b If "Yes," list the 10 highest paid indiv		undraisers) pursua	ant to	agreer	nents under which th	ne fur	idraiser is to be	;
compensated at least \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Ac	tivity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which the organizatio or licensing.				utions	or has been notified	it is e	exempt from reg	gistration

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

Schedule G (Form 990) 2022

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-F7 lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro			verte with groot receipt	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOPE IN THE	PLAY LIKE A		` '
			HAMPTONS	PRO	23	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			71 7	(1)	(
Revenue	_	Overe versionts	92,362.	204,546.	120,352.	417,260.
Re	1	Gross receipts	92,302.	204,540.	120,332.	417,200.
			00.260	204 546	100 250	417 260
	2	Less: Contributions	92,362.	204,546.	120,352.	417,260.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
xpe	_					
Direct Expenses	7	Food and beverages				
ire	′	Tood and beverages				
	8	Entertainment				
		Entertainment Other direct expanses	24 440	51,236.	2,199.	87,554.
	9	Other direct expenses			-	87,554.
	10	Direct expense summary. Add lines 4 through	٠,			-87,554.
Da	ırt I	Net income summary. Subtract line 10 from li		000 B + B + B		-67,334.
Га	וונו		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I			
			(a) Dings	(b) Pull tabs/instant		(d) Total gaming (add
ā			(a) Bingo		(c) Other gaming	
enne			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue			(a) Birigo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Birigo		(c) Other gaming	
Revenue			(a) Billigo		(c) Other gaming	
		Gross revenue Cash prizes	(a) Billigo		(c) Other gaming	
	2	Cash prizes	(a) Billigo		(c) Other gaming	
	2		(а) видо		(c) Other gaming	
	2	Cash prizes Noncash prizes	(а) видо		(c) Other gaming	
	2	Cash prizes	(а) вищо		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes Noncash prizes	(а) вищо		(c) Other gaming	
	2 3 4	Cash prizes Noncash prizes	(a) Billigo		(c) Other gaming	
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	Yes %		(c) Other gaming Yes %	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	yes%	Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	yes%	Yes% No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	Yes %	Yes% No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No	Yes%	Yes % No	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No	Yes%	Yes % No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 15 in column (d)	Yes % No	Yes% No	
© Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No 1.5 in column (d) from line 1, column (d) acts gaming activities:	Yes% No	Yes% No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entities to state the state the state to state the state th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming act	Yes% No 1.5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	Yes % No	Yes% No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entities to state the state the state to state the state th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No 1.5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	Yes % No	Yes% No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entities to state the state the state to state the state th	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming act	Yes% No 1.5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	Yes % No	Yes% No	col. (a) through col. (c)
g b Oirect Expenses	2 3 4 5 6 7 8 Entire list is the list in t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action, "explain:	Yes % No 1.5 in column (d) from line 1, column (d) cts gaming activities:ctivities in each of these	Yes % No	Yes% No	Yes No
o o o o o o o o o o o o o o o o o o o	2 3 4 5 6 7 8 Ent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action, " explain: ere any of the organization's gaming licenses re-	Yes% No 1.5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these services.	Yes % No states?	Yes% No	Yes No
o o o o o o o o o o o o o o o o o o o	2 3 4 5 6 7 8 Ent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action, "explain:	Yes% No 1.5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these services.	Yes % No states?	Yes% No	Yes No

Schedule G (Form 990) 2022

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Scr	nedule G (Form 990) 2022 BAND OF PARENTS, INC. 26-	T Z Z / (0/4	Page 3
11	Does the organization conduct gaming activities with nonmembers?	•	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	`	Yes	No
	Indicate the percentage of gaming activity conducted in:	11		
	a The organization's facility			<u>%</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		<u>%</u>
14	Efficient the frame and address of the person who prepares the organization's gaining/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	····	Yes	No
r	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
,	of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:			
•	7 1 163, Citter hame and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	•	Yes	No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P		0.01	401
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, line	es 9, 91	0, 106,
	130, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			-

State-time of Form 990 BAND OF PARENTS, INC. 26-1227872 Page 4 Part IV Supplemental Information (CONTINUED) Page 1 Page 1 Page 2 Page 3 Page 4 Page 4	Schedule G (Form 9	990) BAND OF PARENTS, INC.	26-1227872	Page 4
	Part IV Supp	elemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 26-1227872 BAND OF PARENTS, INC. Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) MEMORIAL SLOAN-KETTERING 1275 YORK AVE 13-1924236 501C3 41,250. 0 CHARTTABLE NEW YORK, NY 10021 CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD 95-1690977 501C3 CHARITABLE LOS ANGELES, CA 90027 73,125, 0. CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104 23-2237932 501C3 64,000 0 CHARITABLE GARDEN OF DREAMS FOUNDATION 2 PENN PLAZA 8TH FLOOR 13-3979726 501C3 NEW YORK NY 10121-0091 83 634 0. CHARITABLE SOLVING KID'S CANCER 1 EAST 53RD STREET, 5TH FLOOR 20-8735688 501C3 CHARITABLE NEW YORK, NY 10022 90 000 0. MONTEFIORI MEDICAL CENTER 111 EAST 210 STREET BRONX, NY 10467 13-1740114 501C3 62 638 0 CHARITABLE 6. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

	200	228,497.	0.		
	200	228,497.	0.		
		,			
t IV Supplemental Information. Provide the information required in Part					
Supplemental Information. Provide the information required in Part					
Supplemental Information. Provide the information required in Part	ı				
** Supplemental Information. Provide the information required in Part					
rt IV Supplemental Information. Provide the information required in Part					
rt IV Supplemental Information. Provide the information required in Part					
Supplemental Information. Provide the information required in Part					
Supplemental Information. Provide the information required in Part					
	I, line 2; Part	III, column (b	o); and any other ac	Iditional information.	
	•		,,		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

	BAND OF PARE	ило, т	NC.		26-1	. 4 4 1	8/4	
Pai	rt 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 de noncash contribu	etermin	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		30,632.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	3,869.	FMV ON DATE	OF	10G	TAI
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		Х		8,000.	FM7			
20	Food inventory Drugs and medical supplies			0,000.	1 11 V			
21								
22	Taxidermy							
23	Historical artifacts							
24	Scientific specimens							
2 4 25	Archeological artifacts Other (BLOOD PRESSURE)	Х	75	3,688.	FM7			
	`		7.5	3,000.	PHV			
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	totion during	the toy year for a	antributions				
29	for which the organization completed Form 82		,				0	
	for which the organization completed Form 62	os, Part V, L	onee Acknowledg	ement <u>29 </u>			Yes	No
20-	During the year did the executation receive by	, contribution	n any nyanasty van	arted in Dort Llines 1 through	h 00 that it		res	INO
Sua	During the year, did the organization receive by	•		,	•			
	must hold for at least 3 years from the date of					20-		Х
	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II.	action that "a	auires the review	of any nanotandord contribut	ions?	24	х	
31	Does the organization have a gift acceptance p	-	•	•	101101	31	Λ	
32a	Does the organization hire or use third parties		•	, ,		00-		v
	contributions?					32a		X
	If "Yes," describe in Part II.	- l () 5		. facilitate and a first of	d d			
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	ror wnich column (a) is chec	cked,			
	describe in Part II.							

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

BAND OF PARENTS, INC.

Employer identification number 26-1227872

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEDIATRIC CANCER INCLUDING, BUT NOT LIMITED TO, THE STUDY OF NEUROBLASTOMA. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: \$64,000 GIVEN TO CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) FOR THE NURSE NAVIGATOR GRANT; \$73,125 GIVEN TO CHILDREN'S HOSPITAL OF LOS ANGELES (CHLA) FOR NOVEL IMMUNOTHERAPY COMBINATIONS WITH DINUTUXIMAB AND 2 TRIALS AND FOR NOVEL ANTI-B7H3 AND ANTI-GD2 IMMUNOTHERAPY PHASE 1 CLINICAL TRIAL; \$62,638 GIVEN TO MONTEFIORE MEDICAL CENTER FOR PHASE II OF REDUCING HEARING LOSS USING ENOLS; \$41,250 GIVEN TO MEMORIAL SLOAN KETTERING CANCER CENTER FOR MODAK IL 15 RECEPTOR; GIVEN TO TABLETOCHKI CHARITY FOUNDATION FOR PEDIATRIC CANCER PATIENTS IN UKRAINE EXPENSES \$ 378,220. INCLUDING GRANTS OF \$ 247,375. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: ALL BOARD MEMBERS WILL BE E-MAILED A PDF DRAFT VERSION OF THE FORM 990 FOR REVIEW. UPON REVIEW, THE RETURN WILL BE FINALIZED AND FILED. FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICTS OF INTEREST ARE DISCUSSED AND MONITORED DURING PERIODIC BOARD OF DIRECTOR CONFERENCE CALLS. TO DATE, THERE WERE NO CONFLICTS OF INTEREST.

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

Schedule O (Form 990) 2022

PERIODIC REVIEWS SHALL BE CONDUCTED TO DETERMINE WHETHER COMPENSATION

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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** BAND OF PARENTS, INC. 26-1227872 ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING. THE FOUNDATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. FORM 990, PART VI, SECTION C, LINE 19: NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990 LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	COMPUTER	03/22/19	CT.	5.00	יטע	17	1,055.				1,055.	563.		211.	774.
_	* 990 PAGE 10 TOTAL	03/22/13	ЭH	3.00	****	Ι,	1,033.				1,033.	303.		211.	774.
	MANAGEMENT AND GENERAL						1,055.				1,055.	563.		211.	774.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,055.				1,055.	563.		211.	774.

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone