990

Department of the Treasury

## **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.

OMB No. 1545-0047 2023 Open to Public

miter	nai neven	do to	www.irs.gov/Form990 for instructions and the late	St information.		mapeculott
A	For the	e 2023 calendar year, or tax year beginning	, <mark>and ending</mark>			
В	Check if ap	pplicable: C Name of organization			D Employer	Identification number
	Address d	change CHORDO	MA FOUNDATION			
$\Box$	Name aka	Doing business as	-		20-8	423943
	Name cha	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone	number
	Initial retu	The state of the s			919-	809-6779
	Final retur terminated		ZIP or foreign postal code	N-2		
$\vdash$		DURHAM	NC 27702		G Gross rece	ipts\$ 7,442,618
Щ	Amended	return F Name and address of principal officer:				
	Application	n pending JOSH SOMMER		H(a) Is this a gro	oup return for su	ubordinates? Yes X No
Vic 167		P.O. BOX 2127		H(b) Are all sub	ordinates inclu	ided? Yes No
		DURHAM	NC 27702	2.5		See instructions
		A STATE OF THE STA		11 140,	attaon a not.	See Instructions
ı	Tax-exem	npt status: X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or 527			
J	Website:		CION.ORG	H(c) Group exe		
K	Form of o	organization: X Corporation Trust Associ	iation Other	L Year of formation: 2	007	M State of legal domicile: NC
F	art I	Summary	407 Tab			
are of the same	1 E	Briefly describe the organization's mission or m	ost significant activities:			
1	8.43		MA FOUNDATION IS TO IMPROVE	THE LIVES OF	THOSE	
20			LEAD THE SEARCH FOR A CURE.			
nar	5.00		THE THE COMMITTEE OF TH			
/er		2				
30			inued its operations or disposed of more than 25°	% of its net assets.	9 8	10
ø		Number of voting members of the governing bo				12
es	4 1	Number of independent voting members of the	governing body (Part VI, line 1b)		4	11
=	5 7	Total number of individuals employed in calendary	ar year 2023 (Part V, line 2a)		5	12
Activities & Governance		Total number of volunteers (estimate if necessa				80
4			I, column (C), line 12			0
			orm 990-T, Part I, line 11			0
	<b>D</b> 1	Net difference business taxable income from to	1111 330-1, 1 dit1, line 11	Prior Yes		Current Year
	8 (	Contributions and grants (Part VIII line 1h)		4.81	2,417	7,189,579
Revenue	9 F	Program conico revenue (Part VIII, line 2g)	****************	(3) (1)	_,	0
/en	9 1	Program service revenue (Part VIII, line 2g)			5,406	218,994
Re	10 1	investment income (Part VIII, column (A), lines	3, 4, and 7d)			
	10/30/00/00/00		d, 8c, 9c, 10c, and 11e)		8,427	34,045
			qual Part VIII, column (A), line 12)		6,250	7,442,618
	13 (	Grants and similar amounts paid (Part IX, colur	mn (A), lines 1–3)	1,19	9,415	2,007,102
	14 E	Benefits paid to or for members (Part IX, colum	ın (A), line 4)			0
S	4- 6	Salaries, other compensation, employee benefit	ts (Part IX, column (A), lines 5-10)	1,19	3,089	1,536,923
penses	16a F	Professional fundraising fees (Part IX, column	(A), line 11e)			0
ber	b 7	Total fundraising expenses (Part IX, column (D	), line 25) 421, 969			
X			–11d, 11f–24e)	69	6,265	1,053,049
	10 7	Tatal amounts Add lines 10, 47 (much amount for	-110, 111-246)		8,769	4,597,074
			Part IX, column (A), line 25)			
	19 F	Revenue less expenses. Subtract line 18 from l	line 12	Beginning of Cur	7,481	2,845,544 End of Year
Net Assets or						0.55 (4.57 (5.17 (
Ssel	20 1	Total assets (Part X, line 16)			9,511	11,037,912
A	21 7	Total liabilities (Part X, line 26)	***************************************		3,307	1,830,024
		Net assets or fund balances. Subtract line 21 fr	om line 20	6,24	6,204	9,207,888
F	art II	Signature Block				
U	nder per	nalties of perjury, I declare that I have examined thi	is return, including accompanying schedules and sta	atements, and to the be	st of my kno	wledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other th	an officer) is based on all information of which prepa	arer has any knowledge	).	
		Tosh Sommer			30	3/16/2024
Sig	n	Signature of officer			Date	7 10/2021
		entities assessment operations and an analysis of the second of the second operation ope	EVEC DI	D C DDEC		
He	re	JOSH SOMMER	EXEC. DI	R. & PRES.		
		Type or print name and title		10200	1	
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai		SUSAN DEAN	Susan De	an 8/16/2	self-em	· SALAN LANGUAGE AND
Pre	parer	Firm's name LANGDON & C	OMPANY LLP	F	irm's EIN	56-1743537
Use	Only		WAY 70 EAST, SUITE 100			
		Firm's address GARNER, NC	27529-4051	F	hone no.	919-662-1001
May	v the IRS	S discuss this return with the preparer shown a				X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:  HE MISSION OF THE CHORDOMA FOUNDATION IS TO IMPROVE THE LIVES OF THOSE	
	FFECTED BY CHORDOMA AND LEAD THE SEARCH FOR A CURE.	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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
4	If "Yes," describe these changes on Schedule O.  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.	
( W T S I K	(Code: )(Expenses \$ 3,121,913 including grants of \$ 1,909,372) (Revenue \$ RESEARCH) TO ACCELERATE THE DEVELOPMENT OF BETTER TREATMENTS FOR CHORDOMA E CONDUCTED, SUPPORTED AND ENABLED HIGH-IMPACT RESEARCH SPANNING BASIC, PRANSLATIONAL AND CLINICAL SCIENCE. THIS INCLUDED CARRYING OUT PRECLINICAL TUDIES IN OUR LABORATORY, AWARDING RESEARCH GRANTS TO ACADEMIC INVESTIGATORS, OPERATING REPOSITORIES TO SUPPLY THE RESEARCH COMMUNITY WITH EY RESEARCH-ENABLING RESOURCES, CONVENING SCIENTIFIC MEETINGS, AND FACILITATING THE DESIGN AND INITIATION OF WELL-JUSTIFIED CLINICAL TRIALS.	
(CAEE	(Code: )(Expenses \$ 703,384 including grants of \$ 97,730 ) (Revenue \$ PATIENT SERVICES) TO IMPROVE THE LIVES OF INDIVIDUALS AFFECTED BY HORDOMA, WE HELPED PATIENTS AND THEIR FAMILIES FIND ACCURATE INFORMATION BOUT CHORDOMA AND TREATMENT OPTIONS, OVERCOME BARRIERS TO CARE, AND GET MOTIONAL SUPPORT FROM PEERS. THIS INCLUDED DEVELOPING AND DISTRIBUTING EDUCATIONAL CONTENT, PROVIDING PATIENT NAVIGATION SERVICES, HOSTING DUCATIONAL CONFERENCES, OPERATING AN ONLINE COMMUNITY FORUM FOR PATIENTS IND FAMILIES AND PROVIDING FINANCIAL ASSISTANCE TO INDIVIDUALS TRAVELING TARTICIPATE IN CLINICAL TRIALS.	(i)
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	······································	
	•	
	•	
	•	
	•	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	LOTOL PROGRAM CON ICO CARONOCO S X / D / M /	

Form 990 (2023) CHORDOMA FOUNDATION
Part IV Checklist of Required Schedule **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	X	
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			v
4	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)	4		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes " complete Schedule D. Part I	6		Х
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 "Yes,"</i>			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	30000000	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,"	44-	v	
<b>h</b>	complete Schedule D, Part VI	11a	Х	
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		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	116	X	
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	Λ	
13	for any favoign experience of "Vee." complete Cabadyla F. Parte 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	-13		
	posistance to ay fay favoire individuals 2 If "Voo." complete Cabadyla F. Parta 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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 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	00000000 0000000 0000000		
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	888888		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		37	
	"Yes," complete Schedule L, Part IV	28a	Х	v
b	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	00-		х
20	"Yes," complete Schedule L, Part IV	28c	Х	Λ
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization riquidate, terminate, or dissolve and cease operations: "I res, complete scriedate N, rarr"  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schodula N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
_	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance		_	_
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1	Recommen	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable demina (demblina) withhings to prize withhere?	1 4 -	<b>*</b>	

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continue)	าued)			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	12	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $_{\cdot}$			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
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 autho					•
	a financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?		4a		X
b	If "Yes," enter the name of the foreign country					
F	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco			500000		v
5а ь	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b	If "Voo" to line Fo or Fb, did the organization file Form 9996 T2			5c		Λ
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
va				6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o			- ou		
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					:::::::::::::::::::::::::::::::::::::::
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 "Voe " did the exemptation patify the depay of the value of the mode as coming 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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	ct?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the		0000000		
	sponsoring organization have excess business holdings at any time during the year?			8	-00-00-00-00-00-0	90000000000
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		00000000
10	Section 501(c)(7) organizations. Enter:	ایا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	11a				
a h	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources	IIa				
b	against amounts due or resolved from them	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	566666666	900000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	In the expenientian lineaged to increase qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or or				
	excess parachute payment(s) during the year?			15	00000000	X
	If "Yes," see instructions and file Form 4720, Schedule N.			00000000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?		16	00000000	X
_	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	33333333	9999
	If "Yes," complete Form 6069.			00000000		<b></b>

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

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

Sec	etion A. Governing Body and Management					^_
000	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or			00000000		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			00000000		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	·		00000000		
	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 direct					
	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?			. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			. 5		X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the foll	owing:	0000000		
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	<u> </u>
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 Int	ernai	Revenue	Coae.)		T
				40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
44-				•	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	iorm?		11a	<u>^</u>	:::::::::::::::::::::::::::::::::::::::
120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			120	X	.00000000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflict		12a 12b	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COMMICE	o: 	. 120	21	
٠	describe on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written winstessower policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			00000000		
а	The organization's CEO, Executive Director, or top management official			15a	X	90000000
b	Other officers or key employees of the organization			15b	Х	
	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			000000		
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			3333333		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			0000000		
	organization's exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A).	on 501(	c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,				
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records.					
J)	OSH SOMMER P.O. BOX 2127					

919-809-6779

NC 27702

DURHAM

# 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any re	elated organization compens	sated any current officer, dir	ector, or trustee.

		1							Ι
(A) Name and title	(B) Average			Pos		than one	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated amount
	hours					s both an r/trustee)	compensation	compensation	of other
	per week (list any						from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	ıstitu	Officer	Key employee	Former Highest employe	1099-MISC/	1099-MISC/	organization and
	related	/idual rector	tion	-	mpl	er st cc yee	1099-NEC)	1099-NEC)	related organizations
	organizations below	trus	al tr		oyee	mpe			
	dotted line)	tee	Institutional trustee		U	Former Highest compensated employee			
(1) DANIEL FREED									
	40.00								
HEAD OF TARGET DISCO	0.00				X		183,188	0	14,807
(2) KENNY BRIGHTON							,		,
	40.00								
HEAD OF PHILANTHROPY	0.00				х		164,800	0	6,505
(3) JOSH SOMMER							,		,
. ,	50.00								
EXEC. DIR. & PRES.	0.00	X		X			148,892	0	13,116
(4) SARA NICK							,		,
	40.00								
HEAD OF ENGAGEMENT	0.00					x	123,299	0	4,864
(5) TAMMY SILVERTHOR									
	40.00								
DIRECTOR OF OPS	0.00					X	106,717	0	15,336
(6) SHANNON LOZINSKY	<u> </u>								
	40.00								
DIRECTOR OF PATIENT	0.00					x	102,804	0	12,704
(7) LESLIE ADLER									
	2.00								
DIRECTOR	0.00	X					0	0	0
(8) PAUL FELDMAN									
	2.00								
DIRECTOR	0.00	X					0	0	0
(9) STEVEN GOLICK									
	2.00								
DIRECTOR	0.00	X					0	0	0
(10) CHRISTOPHER HEEF	Y								
	2.00								
DIRECTOR	0.00	X					0	0	0
(11) ALICIA JEFFREYS									
	2.00								
DIRECTOR	0.00	X					0	0	0
									Farm QQD (2022)

Part VII Section A. Officers	s, Directors, Trus	stees	s, Ke	y En	nplo	yees	, an	d Highest Compensated E	Employees (continued)	
(A) Name and title	(B) Average hours per week	of	x, unle ficer a	Pos check ess pe nd a c	rson i lirecto	than o s both or/trusto	an ee)	( <b>D</b> ) Reportable compensation from the	( <b>E</b> ) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) SUSAN MAHONY										
(12)	2.00	.								•
DIRECTOR (13) STEVEN MANDE	0.00	X						0	0	0
(13) STEVEN MANDE	2.00									
DIRECTOR	0.00	X						0	o	0
(14) SHREYASKUMAR		1								<u>-</u>
(14)	2.00									
DIRECTOR	0.00	X						0	0	0
(15) DAVID SANDAK	4 00									
(15)	4.00	X						0	o	0
CHAIR (16) MEGAN STEWAR		Λ						0	U	0
(16)	2.00									
DIRECTOR	0.00	X						0	0	0
(17) JOHN THERIEN										
(17)	2.00									•
DIRECTOR	0.00	X						0	0	0
(18)										
1b Subtotal								829,700		67,332
c Total from continuation she	,							829,700		67,332
d Total (add lines 1b and 1c) .  Total number of individuals (inc									) 000 of	67,332
reportable compensation from	•	iitea	6	0301	13100	abo	/C) VI	mo received more than proc	5,000 01	
3 Did the organization list any for employee on line 1a? If "Yes,"								or highest compensated		Yes No
4 For any individual listed on line organization and related organi	1a, is the sum of	repo an \$	rtabl 150,0	e coi 000?	mpei If "Y	nsatio ' <i>es,"</i>	on ar	nd other compensation from		4 X
5 Did any person listed on line 1a	a receive or accru	e co	mper	nsatio	on fro	om ai	าy ur			
for services rendered to the org		s," co	omple	ete S	che	dule .	J for	such person		5 X
<ul><li>Section B. Independent Contracto</li><li>1 Complete this table for your five</li></ul>		nanta	d ind	onor	doni	cont	root	are that received more than	¢100,000 of	
compensation from the organiz	ation. Report con									
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent	ontrootoro (inaliii	line L	\+ ∽ ·	o+ li∽-	itod	to th	200 "	isted above) who		
2 Total number of independent c received more than \$100,000 c							JS€ I	isted above) WIIO	0	

	n 990 I <b>rt V</b>	(2023) CHOF		f Revenue	TIO	N.		20-	-8423943		Page \$
0.70070	7070070	Check i	f Sch	edule O cont	ains a	respor	nse or note	to any line in thi	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ts	1a	Federated camp	aigns		1a						
iran	b			1b							
S,G	С	Fundraising ever	nts		1c						
Gift lar	d	Related organizations			1d						
in;	e	Government grants (co			1e						
ation s	t	All other contributions, and similar amounts no			1f	7.	189,579				
P ib	g	Noncash contributions	included	l in							
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f						7 100 570			
O a	n	Total. Add lines	1a-11				Business Code	7,189,579			
_	2a										***************************************
vice	b										
Ser	c	·									
Program Service Revenue	d										
Pog	е										
Δ.	f	All other progran									
	g	Total. Add lines	2a2f								
	3	Investment incor	,	•		-					
		other similar amo	ounts)					218,994			218,994
	4	Income from inve		•	•						
	5	Royalties			 T						
	60	Gross rents	6a	(i) Real	567	(11) F	Personal				
		Less: rental expenses		11,	. 307						
		Rental inc. or (loss)	6c	11	567						
		Net rental incom		•				11,567			11,567
		Gross amount from		(i) Securities		(ii) Other		,			,
		sales of assets other than inventory	7a								
ē	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Ве	С	Gain or (loss)	7c								
Other		Net gain or (loss			<u> </u>					***************************************	
ō	8a	Gross income from		=							
		(not including \$									
		of contributions rep									
	<b>h</b>	1c). See Part IV, li			8a 8b						
		Less: direct expe Net income or (lo		 om fundraising ev							
		Gross income from		_	C1113						
	-	activities. See Pa			9a						
	b	Less: direct expe			9b						
		Net income or (lo		om gaming activit	ies	<u></u>					
	10a	Gross sales of ir	nventor	ry, less							
		returns and allow			10a						
		Less: cost of goo			10b						
	С	Net income or (lo	oss) fro	om sales of inven	tory						333333333333333333333333333333333333333
Sn	44-	go:					Business Code	17 050	17 050		
aneous	11a	CONFERENCE		LOTKATION				17,250 5,228	17,250 5,228		
a ≍	b	OTHER INCO	TIE				1	5,440	J, 440		

22,478

22,478

7,442,618

0

d All other revenue .....

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

Form 990 (2023)

## Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respons				
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,559,497	1,559,497		
2	Grants and other assistance to domestic	, ,	, ,		
	individuals. See Part IV, line 22	97,730	97,730		
3	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	349,875	349,875		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
	trustees, and key employees	531,307	406,218	22,338	102,751
6	Compensation not included above to disqualified	·	·	·	<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	812,035	620,852	34,141	157,042
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,162	11,593	637	2,932
9	Other employee benefits	85,082	65,051	3,577	2,932 16,454
10	Payroll taxes	93,337	71,362	3,924	18,051
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	103,969		103,969	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,096		10,096	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	60,732	53,254	2,654	4,824 5,603
12	Advertising and promotion	24,488	10,947	7,938	5,603
13	Office expenses	39,721	11,333	11,169	17,219
14	Information technology	178,530	114,879	30,524	33,127
15	Royalties				
16	Occupancy	15,818	4,513	4,448	6,857
17	Travel	96,846	42,562	13,106	41,178
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	EQ 4.65	0 705	40.000	
22	Depreciation, depletion, and amortization	52,167	9,795	42,372	<u> </u>
23	Insurance	25,475	18,411	6,386	678
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)  MEETING EXPENSES	251,458	246,097		5,361
a	· · · · · · · · · · · · · · · · · · ·	141,220	131,328		9,892
b c	IN-KIND CONTRIBUTIONS BAD DEBT EXPENSE	52,529	131,320	52,529	9,092
d		32,323		32,329	
a e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,597,074	3,825,297	349,808	421,969
26	Joint costs. Complete this line only if the	-, 55 , , 5 , 3	0,020,201	313,000	, 505
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2023)

Form 990 (2023) **Part X** B Balance Sheet

Part	X Balance Sheet Check if Schedule O contains a response or no	ote to anv line in t	his Part X					
				(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing			267,171	1	3,639,340		
2	Savings and temporary cash investments		6,102,120	2	6,083,749			
3	Pledges and grants receivable, net		1,123,782	3	1,064,570			
4	Accounts receivable, net		,	4	•			
5	Loans and other receivables from any current or form							
	trustee, key employee, creator or founder, substantial	-	1 (2)					
	controlled entity or family member of any of these per				5			
6	Loans and other receivables from other disqualified p							
S	under section 4958(f)(1)), and persons described in s		6					
Assets	Notes and loans receivable, net		7					
8   As	la contrata de la frança de la constante			8				
9		paid expenses and deferred charges						
_	a Land, buildings, and equipment: cost or other		·····	28,107	9	15,041		
	basis. Complete Part VI of Schedule D	10a	219,582					
	Less: accumulated depreciation	78,331	10c	145,151				
11	Investments—publicly traded securities	,	11					
12				12				
13	Investments—program-related. See Part IV, line 11			13				
14	lintaria di la la casa ata			14				
15				15	90,061			
16	Other assets. See Part IV, line 11			7,599,511	16	11,037,912		
17	Total assets. Add lines 1 through 15 (must equal lines)			573,348		510,650		
	Accounts payable and accrued expenses		776,434		1,319,374			
18 19	Grants payable		3,525	19	1,313,314			
20	Deferred revenue		3,323	20				
21	Tax-exempt bond liabilities	of Cohodula D			21			
20	Escrow or custodial account liability. Complete Part I'				21			
Liabilities 52	, , ,		-0/					
<u>≣</u>	trustee, key employee, creator or founder, substantial		["		•			
E	controlled entity or family member of any of these per				22			
23					23			
24	Unsecured notes and loans payable to unrelated third				24			
25	Other liabilities (including federal income tax, payable							
	parties, and other liabilities not included on lines 17-2	4). Complete Par	t X					
-	of Schedule D			1 252 207	25	1 020 024		
26	Total liabilities. Add lines 17 through 25			1,353,307	26	1,830,024		
	Organizations that follow FASB ASC 958, check	here A						
Se	and complete lines 27, 28, 32, and 33.		8	2 050 056		4 150 101		
<u>u</u> 27				3,052,256 3,193,948	27	4,158,191 5,049,697		
<u>e</u> 28			<u>.,</u>	3,193,948	28	5,049,697		
힡	Organizations that do not follow FASB ASC 958,	check here	J					
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and complete lines 29 through 33.		*					
ō   29	Capital stock or trust principal, or current funds				29			
30 set	Paid-in or capital surplus, or land, building, or equipm				30			
<b>Y</b> 31	Retained earnings, endowment, accumulated income	, or other funds .			31	0 00= 000		
<u> </u>				6,246,204		9,207,888		
33	Total liabilities and net assets/fund balances			7,599,511	33	11,037,912		

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,5		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,8	45,	544
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,2		
5	Net unrealized gains (losses) on investments	5	1	02,	403
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		13,	737
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,2	07,	888
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		000000000 000000000 000000000		
	Schedule O.		000000000 000000000		
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 audit, 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		000000000 000000000 000000000		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

## **Public Charity Status and Public Support**

 $\label{lem:complete} Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.$ 

Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

OMB No. 1545-0047

Open to Public Inspection

CHORDOMA FOUNDATION

Employer identification number 20-8423943

The	orgar	nization is not a	a private foundation because it	t is: (For lines 1 through 12, chec	ck only one	e box.)			
1		A church, con	envention of churches, or associate	ciation of churches described in s	section 17	70(b)(1)( <i>A</i>	۸)(i).		
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E (Form 9	990).)				
3		A hospital or a	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical res	earch organization operated in	n conjunction with a hospital des	cribed in <b>s</b>	ection 17	<b>70(b)(1)(A)(iii).</b> Enter the hospita	l's name,	
		city, and state	:						
5		An organization	on operated for the benefit of a	a college or university owned or c	perated b	y a goverr	mental unit described in		
	_	section 170(I	b)(1)(A)(iv). (Complete Part II	l.)					
6		A federal, stat	te, or local government or government	ernmental unit described in <b>sect</b> i	ion 170(b	)(1)(A)(v)			
7	X	0	on that normally receives a subsection 170(b)(1)(A)(vi). (Co	bstantial part of its support from	a governm	nental unit	or from the general public		
8				<b>0(b)(1)(A)(vi).</b> (Complete Part II.	1				
9	H			ibed in <b>section 170(b)(1)(A)(ix)</b>		in conjunc	tion with a land-grant college		
•	Ш			agriculture (see instructions). En					
		university:							
10		An organization	on that normally receives (1) n	nore than 33 1/3% of its support	from conti	ributions,	membership fees, and gross		
				functions, subject to certain exc					
			5	unrelated business taxable incor	`		1 tax) from businesses		
			•	1975. See <b>section 509(a)(2).</b> (C		,	1/4)		
11	$\mathbb{H}$	ŭ	•	clusively to test for public safety.		` '	• •		
12	Ш			clusively for the benefit of, to perf as described in <b>section 509(a)(1</b>				rck	
				ribes the type of supporting organ				SCN.	
	а	Type I. A	supporting organization oper	ated, supervised, or controlled by	y its suppo	orted orga	nization(s), typically by giving		
		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
		supporting	g organization. You must cor	mplete Part IV, Sections A and	IB.				
	b	Type II. A	A supporting organization sup-	ervised or controlled in connection	n with its	supported	l organization(s), by having		
			-	ng organization vested in the sam	e persons	that cont	rol or manage the supported		
			on(s). You must complete F						
	С			upporting organization operated in uctions). You must complete Pa					
	d	Type III r	non-functionally integrated.	. A supporting organization opera	ated in con	nection w	ith its supported organization(s)		
		that is not	functionally integrated. The o	organization generally must satisf	y a distrib	ution requ	irement and an attentiveness		
		requireme	ent (see instructions). <b>You mu</b>	ust complete Part IV, Sections	A and D,	and Part	V.		
	е			ved a written determination from functionally integrated supporting			Type I, Type II, Type III		
	f		ber of supported organization		, . 9				
	g	Provide the fo	llowing information about the	supported organization(s).					
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of	
		ganization	.,	(described on lines 1–10		ur governing	support (see	other support (see	
				above (see instructions))	docui		instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(0)									
(C)									
(D)									
/E\									
(E)									
Tota	ı .								
. J.a	•				400000000000000000000000000000000000000	<u>kessessääsiä</u>	<u> </u>	2-bdul- A (F 000) 0000	

Page 2

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.)

Sec	tion A. Public Support	Traile to qualify			produce compre	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,151,081	2,488,341	2,961,128	4,812,417	7,189,579	22,602,546
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 5</b>	Total. Add lines 1 through 3  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	5,151,081	2,488,341	2,961,128	4,812,417	7,189,579	22,602,546
•	shown on line 11, column (f)						8,599,131
<u>6</u>	Public support. Subtract line 5 from line 4	<u> ::::::::::::::::::::::::::::::::::::</u>					14,003,415
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5,151,081	2,488,341	2,961,128	4,812,417	7,189,579	22,602,546
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,049	5,729	26,512	49, 598	230,561	313,449
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,512	1,775				4,287
11	Total support. Add lines 7 through 10						22,920,282
12	Gross receipts from related activities, etc. (s					12	166,058
13	First 5 years. If the Form 990 is for the org		ond, third, fourth, c	r fifth tax year as a	section 501(c)(3)		
500	organization, check this box and stop here stion C. Computation of Public S						
14	Public support percentage for 2023 (line 6,			1)		14	61 10%
15	Public support percentage from 2022 Scher			"		15	61.10% 73.01%
	33 1/3% support test — 2023. If the organ			and line 14 is 33 1			73.01 /8
·ou	box and <b>stop here</b> . The organization qualifi						X
b	33 1/3% support test — 2022. If the organ		-			 check	
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test — 202						
	10% or more, and if the organization meets	_					
	Part VI how the organization meets the facts organization		-				
b	10%-facts-and-circumstances test — 202						
	15 is 10% or more, and if the organization n	neets the facts-and-o	circumstances test	, check this box and	d <b>stop here.</b> Explai	n	
	in Part VI how the organization meets the fa	cts-and-circumstand	ces test. The organ	ization qualifies as	a publicly supporte	d	
	organization						
18	Private foundation. If the organization did						
	instructions						L

## 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.)

<u> </u>	tion A Book is Commont			,			
	tion A. Public Support	(-) 0040	(h) 0000	(-) 0004	(-1) 0000	(-) 0000	(f) Tatal
		(a) 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	500000000000000000000000000000000000000					
8	Public support. (Subtract line 7c from						
202	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2013	(6) 2020	(6) 2021	(d) 2022	(6) 2020	(i) i otai
10a	Gross income from interest, dividends,						
IUa	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First 5 years. If the Form 990 is for the org		cond, third, fourth,	or fifth tax year as a	section 501(c)(3)	1	
	organization, check this box and <b>stop here</b>						
	tion C. Computation of Public S			(0)		T	
15	Public support percentage for 2023 (line 8,						%
16 Sec	Public support percentage from 2022 Sched tion D. Computation of Investme					16	%
<del>360</del> 17	Investment income percentage for 2023 (line			olumn (f))		17	%
17 18	Investment income percentage for 2023 (infinitely investment income percentage from 2022 §		line 17			10	%
19a	33 1/3% support tests — 2023. If the orga			 14, and line 15 is m			1 /3
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests — 2022. If the orga		-				
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	o, check this box ar	nd see instructions		

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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
00000000		
1		
33333333		8888888888
2		
		56565656666
8888888		
3a		
99999999	*****	555555555555
	65555555555	95959555555
3b		
000000000	2000000000	0000000000
3c		
		120000000000000000000000000000000000000
4a		
33333333		
	000000000000000000000000000000000000000	000000000000000000000000000000000000000
4b		
66666666	55555555555	955555555555
4c		
100000000000000000000000000000000000000	140400000000000000000000000000000000000	060000000000000000000000000000000000000
5a		
5b		
5c		
68888888	000000000000000000000000000000000000000	336365555555
6		
	5050505050	000000000000
	16060606060606	000000000000000000000000000000000000000
7		
_	secondolistich	000000000000000000000000000000000000000
8		
9a		
	secential de la constant de la cons	cocococitititit
9b		
_	000000000000	P00000000000000
9с		
10a		
	********	000000000000000000000000000000000000000
10b		
hedule	A (Form 9	990) 2023

	die Al offision 20020 Child Child To Ch			i age <b>o</b>
Par	Supporting Organizations (continued)		ı	T
			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		
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 <b>Part VI</b> .	11c	60000000000	000000000000
Sect	ion B. Type I Supporting Organizations		1	1
0000	1011 D. Type I dupporting diguinzations		Voc	Na
	Did the annual peak, annual are of the annual peak, officers estimate the their official conseils, an annual peak of annual	2222222	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	00000000		
	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,	00000000		
	supervised, or controlled the supporting organization.	2	*******	
Sect	ion C. Type II Supporting Organizations			
0000	ion or Type in cupperting organizations		Yes	No
4	Ware a majority of the arganization's directors or trustoca during the tay year also a majority of the directors	00000000	163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	00000000		
	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	66566666		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		1	1
			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 <b>Part VI</b>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	000000000000000000000000000000000000000	100000000000000000000000000000000000000
•				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	00000000		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	66566666		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instruction	ons).		
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	00000000	000000000000000000000000000000000000000	
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>	00000000		
	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	0000000		
	that these activities constituted substantially all of its activities.	2a		9393939
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	10000000000000000000000000000000000000		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	00000000000000000000000000000000000000		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 <b>Part VI.</b>	3a		
h		0000000		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiz	ations	Ğ
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20	0, 1970	) (explain in <b>Part VI</b> ). <b>See</b>	
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(7.)	(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		
Sect	ion 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		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-functionally integrated Type	1	oporting organization	
	(see instructions).	1		

Schedule A (Form 990) 2023

Page 7

Part	Y Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued	<i>(</i> )	
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	is responsive		8	
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Т	Т	10	
		(i)	(ii)		(iii)
Secti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required– <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023			000000	
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

20-8423943 CHORDOMA FOUNDATION Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, LINE 10 - OTHER INCOME DETAIL 4,287 CONFERENCE REGISTRATION FEES

DAA Schedule A (Form 990) 2023

#### SCHEDULE D (Form 990)

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.

Inspection Name of the organization Employer identification number CHORDOMA FOUNDATION 20-8423943 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1

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

Sche	edule D (Form 990) 2023 CHORDOMA	FOUNDATION	<u>N                              </u>			20-84233	143		P	age 2
Pa	rt III Organizations Maintaini	ng Collections of	of Art, Hi	storical <sup>*</sup>	Treasures,	or Other Sin	nilar Ass	ets (cont	inuec	1)
3	Using the organization's acquisition, accessi collection items (check all that apply).	on, and other records,	check any	of the follow	ing that make s	ignificant use of	its			
а	Public exhibition	d 🗌	Loan or ex	change pro	aram					
b	Scholarly research	e								
c	Preservation for future generations	• 🗀	O 11101							
4	Provide a description of the organization's co	ollections and evolain h	ow they fur	ther the oras	nization's even	ant nurnose in Pa	art			
4		niections and explain n	low triey rur	iner ine orga	dilization 5 exem	ipi purpose iii Fa	al L			
_	XIII.	o o o o object of a conflict of	and the base of a s							
5	During the year, did the organization solicit o									٦
Da	assets to be sold to raise funds rather than to  If IV Escrow and Custodial A		t of the orga	anization's c	ollection?			<u>Y</u>	es	No
	Complete if the organization 990, Part X, line 21.	•	s" on For	m 990, P	art IV, line 9	9, or reported	l an amoı	unt on Fo	rm	
12	Is the organization an agent, trustee, custodi	an or other intermediar	ay for contrib	outions or of	hor accote not					
ıa	:       E   000 B   11/0							□ v	<b></b> _	No
								🔲 T	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.					Λ		
								Amour	IL	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escro	w or custodi	al account liabi	lity?		Υ	es	No
	If "Yes," explain the arrangement in Part XIII.								🗀	Ī
	ift V Endowment Funds	•								
	Complete if the organization	on answered "Yes	s" on For	m 990. P	art IV. line	10.				
		(a) Current year		rior year	(c) Two years		ree years back	(e) Fo	ır years l	back
10	Beginning of year balance	(1, 11 1 1, 11	(-,	. ,	(1)	(-,	,	(1)	,	
								-		
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		line 1a, colu	ımn (a)) hele	d as:					
а	Board designated or quasi-endowment	%	O.	` '/'						
	Permanent endowment %									
		•								
·	Term endowment % The percentages on lines 2a, 2b, and 2c sho	auld agual 100%								
2-		•	1	مام امام امام		_				
Sa	Are there endowment funds not in the posse	ssion of the organization	on that are i	ieia aria adi	nimistered for tr	ie			V	NI-
	organization by:							<u> </u>	Yes	No
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required	d on Sched	ule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endow	ment funds							
Pa	ert VI Land, Buildings, and Eq	uipment								
	Complete if the organization	on answered "Yes	s" on For	m 990, P	art IV, line	l1a. See Fori	m 990, Pa	art X, line	10.	
	Description of property	(a) Cost or other	basis	(b) Cost or	other basis	(c) Accumulat	ed	(d) Bool	value	
		(investment	)	(oth	ner)	depreciation	1			
1a	Land				8					
					8		000000000000000000000000000000000000000			
Ď	Buildings									
	Leasehold improvements			1	56 022	E 2	244	1	<u> </u>	770
	Equipment				56,022		197		02,	
	Other				63,560	21	,187		<u>42,</u> 45	
I Oto	1 Add upoe 10 through 10 (Column (d) muct	oaual Form aan Dort '	v lina 10a	column (DI)			1		47	151

Schedule D (Fe	orm 990) 2023 CHORDOMA FOUNDATION		20-8423943	Page \$
Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valua	ition:
	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial d	derivatives			
	ld equity interests			
(6) 0:1				
(Δ)				
(D)				
(C)				
(D)				
<b>(=)</b>				
( <b>L</b> )				
	(h)			
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related		11. C Faura 000 Par	4 V. Ilina 40
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valua  Cost or end-of-year mar	
			Cost or end-or-year mar	Ket value
(1)				_
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
100000000000000000000000000000000000000	Complete if the organization answered "Yes" of	on Form 990 Part IV li	ne 11e or 11f See Form 90	n Part X
	line 25.	on ronni ooo, rant iv, n	110 110 01 111. 000 1 0111 00	70, 1 dit 71,
1	(a) Description of liabili	ity		(b) Book value
1. (1) Fodoral i	., ,	ity .		(b) Dook value
	income taxes		+	
(2)				
(3)				
(4)				
(5)				
(6)				

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

SCHE	edule D (Form 990) 2023 CHORDOMA FOONDATION		20-042394	<b>J</b>	Page •
Pa	Reconciliation of Revenue per Audited Financial State			eturn	
1	Complete if the organization answered "Yes" on Form 990 Total revenue, gains, and other support per audited financial statements			1	7,673,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,015,10
– a	Net unrealized gains (losses) on investments	2a	102,403		
b	Donated services and use of facilities		125,124		
С	Recoveries of prior year grants	2c	,		
d	Other (Describe in Part XIII.)	2d	13,737		
е	Add lines 2a through 2d		·	2e	241,264
3	Subtract line 2e from line 1			3	7,432,522
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,096	000000000 900000000 9000000000	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	10,09
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,442,618
Pa	irt XII Reconciliation of Expenses per Audited Financial Stat	tements Wit	h Expenses per	Return	1
	Complete if the organization answered "Yes" on Form 990	), Part IV, line	e 12a.		4 540 404
1	Total expenses and losses per audited financial statements			1	4,712,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		105 104		
a	Donated services and use of facilities		125,124		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)			30	125,124
e 2				2e 3	4,586,978
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3 ::::::::	4,500,570
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,096		
b			10,030		
	A LUC A LAN			4c	10,096
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	4,597,074
	art XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b;	Part V, line 4; Part X,	line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a				
P	ART X - FIN 48 FOOTNOTE				
T	HE FOUNDATION EVALUATES ANY UNCERTAIN TAX	POSITION	NS. ACCORDI	NGLY	, THE
F	OUNDATION'S POLICY IS TO RECORD A LIABILIT	ry for Ai	NY TAX POSI	TION	TAKEN
_					
T	HAT IS BENEFICIAL TO THE FOUNDATION, INCLU	JDING AN	Y RELATED I	NTER	EST AND
ъ.	DNATHIES WHEN IN IS NODE I THEY MUSN NOW	mum		CEI	45315 577 MII
P	ENALTIES, WHEN IT IS MORE LIKELY THAN NOT	THE POS.	ITION OF MA	NAGE	WENT WITH
DI	ESPECT TO A TRANSACTION OR CLASS OF TRANSA	ACTIONS I	WIII DE OVE	וסוזיים	MED BY X
	ESPECT TO A TRANSACTION OR CLASS OF TRANSA	ACTIONS I	MITT DE OAE	KIUK	NED DI A
T	AXING AUTHORITY UPON EXAMINATION. MANAGEME	ENT DOES	NOT BELIEV	E AN	Y
S	IGNIFICANT INCOME TAX UNCERTAINTIES EXIST	AS OF DI	ECEMBER 31,	202	3 OR
2	022				
	022.				
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	O IN FINA	ANCIALS - O	THER	
	ATN ON FORETCH CURRENCY				12 727

Schedule D (Fo	rm 990) 2023	CHORDOMA ntal Information	FOUNDATION	20-8423943	Page <b>5</b>
Part XIII	Supplemen	ntal Information	n (continued)		

## 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.

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

CHORDOMA FOUNDATION 20-8423943

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

FUI	iii 990, rait iv, iiile	140.			
_			to substantiate the amount of its gra		
			ssistance, and the selection criteria u		X Yes No
	nts or assistance?				X Yes No
2 For grantmak outside the Un		the organization's p	rocedures for monitoring the use of its	s grants and other assistance	
			be duplicated if additional space is n	1	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE					
(1)			GRANTS	RESEARCH	200,000
SOUTH ASIA			CDANIMC	DECEADOU	04 500
NORTH AMER	ICA		GRANTS	RESEARCH	94,500
(3)			GRANTS	RESEARCH	55,375
. ,					,
(4)					
(5)					
(6)					
(0)					
(7)					
(8)					
(9)					
(0)					
10)					
[11]					
(12)					
/					
(13)					
14)					
(15)					
.10)					
16)					
17)					240.075
Ba Subtotal					349,875
<b>b</b> Total from continuation sheets to Part I					
c Totals (add					
lines Os and Oh)	1	ĺ			2/0 075

Part II

Schedule F (Form 990) 2023 CHORDOMA FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

20-8423943

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

Page 2

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance WIRE TRANSFER WIRE TRANSFER WIRE TRANSFER (f) Manner of disbursement exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 94,500 55,375 200,000 (e) Amount of cash grant (d) Purpose of RESEARCH RESEARCH RESEARCH NORTH AMERICA SOUTH ASI (c) Region EUROPE Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) organization (a) Name of **2** 6 (11) (14)(15) € 8 (3) (4) (2) (9) 9 8 6 0 က

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 CHORDOMA FOUNDATION 20–8423943 Page 3

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(a) Type of grant or assistance (b) Region (c) Number of	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2023

Pa	irt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

## Part V Supplemental Information

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

PART I, LINE 2 -	- PROCEDURES F	OR MONITORIN	G THE	USE OF	GRANT FUND	S	
MONITORING THE U	JSE OF GRANT F	UNDS OUTSIDE	THE U	.s. is	CARRIED OU	T THROUGH	
REGULAR REPORTIN	IG BY GRANTEE	ORGANIZATION	S.				
PART I, LINE 3 -	- ACTTVTTES P	ER REGION					
	ACTIVITIES F	ER REGION	EVDEN		TNIXE CIMME	NITIC	
REGION					INVESTME		
EUROPE			\$	200,000	Ş	0	
SOUTH ASIA			\$	94,500	\$	0	
NORTH AMERICA			\$	55,375	\$	0	

Schedule F (Form 990) 2023

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8:55
8/19/2024
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CHORDC
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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection OMB No. 1545-0047 2023

Attach to Form 990.

CHORDOMA FOUNDATION

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

**Employer identification number** 20-8423943

Part I General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	amount of the grant	s or assistar	nce, the grantees' eligib	ility for the grants or as			Xex	Ž
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	oring the use of gra	nt funds in tl	ne United States.				22.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	omestic Organ	izations	and Domestic Go	overnments. Cor	nplete if the org	yanization ansv	Complete if the organization answered "Yes" on Form 990,	90,
Part IV, line 21, for any recipient that received more	received more		than \$5,000. Part II can be duplicated if additional space is needed	duplicated if add	litional space is	needed.		
(a) Name and address of organization     or government	( <b>q</b> )	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) CANCER RESEARCH INSTITUTE								
ADWAY FLOOR 4							RESEARCH GRANT	
NEW YORK NY 10006	13-1837442	501C3	100,000					
(2) CHILDREN'S HOSPITAL OF PHILADELPHIA	<del></del>							
CENTER BOU							RESEARCH GRANT	
PHILADELPHIA PA 19104	23-1352166	501C3	50,691					
(3) MASSACHUSETTS GEN HOSPITAL								
185 CAMBRIDGE ST							RESEARCH GRANT	
BOSTON MA 02114	04-1564655	501C3	25,000					
(4) START								
4383 MEDICAL DRIVE, SUITE 4021							RESEARCH GRANT	
SAN ANTONIO TX 78229	20-8313687		264,276					
(5) UNIVERSITY OF NC AT CHAPEL HILL								
:							RESEARCH GRANT	
CHAPEL HILL NC 27519	56-6001393	501C3	28,385					
(6) UNIVERSITY OF TEXAS MD ANDERSON CAN	17							
ногсомве вгур							RESEARCH GRANT	
HOUSTON TX 77030	74-6001118		365,847					
(7) SAINT JOHN'S CANCER INSTITUTE								
1801 LIND AVE SW							RESEARCH GRANT	
RENTON WA 98057	95-4291515	501C3	591,809					
(8) QUANTUM THERAPEUTICS								
940 CLEARWATER LARGO RD N, STE 106							RESEARCH GRANT	
			10,000					
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ganizations listed in	the line 1 ta	ble				ம	
)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

## SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

CHORDOMA FOUNDATION

Employer identification number 20-8423943

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a	*********	X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
		0.00000000		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		İ

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CHORDOMA FOUNDATION

Schedule J (Form 990) 2023

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 20-8423943

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

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

	(B) Breakdown of	of W-2 and/c	W-2 and/or 1099-MISC and/or 1099-NEC compensation	-NEC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (b) reported as deferred on prior Form 990
DANIEL FREED	() 157,51	517	25,611	09	5,480	9,32	197,995	0
1 HEAD OF TARGET DISCO	(E)	0	0	0			0	0
KENNY BRIGHTON	(1) 144,296	296	20,450	54	4,929	1,57	171,305	0
2 HEAD OF PHILANTHROPY	(E)	0	0	0				0
JOSH SOMMER	() 134,	338	14,500	54	4,452	8,664	162,008	0
3 EXEC. DIR. & PRES.	(ii) 0	0	0	0		0		0
	(i)							
4	(ii)							
LO )	(II)							
9	(!!)							
)	(II)							
8	(II)							
6	(II)							
10	(II)							
)	(II)							
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Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 CHORDOMA FOUNDATION	20-8423943 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
tor any additional information.	
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	Schedule J (Form 990) 2023

CHORDOMA 08/19/2024 8:55 AM

#### **SCHEDULE L**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to  $\ensuremath{\textit{www.irs.gov/Form990}}$  for instructions and the latest information. Employer identification number

	CHORDOMA FOUNDATIO	ON					20-8	34239	43				
Part I	Excess Benefit Transaction								y)				
	Complete if the organization answer						-EZ, Part V, line 4	l0b.					
1	(a) Name of disqualified person	(b) Relation	nship between disqu		d pers	on and	(c) Description of tra	ınsactio	n			Correct	
(4)			organization	1							Yes		No
(1)											-		
(2)											$\vdash$	-	
(4)											+	-	
(5)											_		
(6)											+	-	
	e amount of tax incurred by the organize	zation managers o	r disqualified pe	rson	s du	ring the vear						- 1	
	ection 4958							\$	;				
3 Enter the	e amount of tax, if any, on line 2, above	e, reimbursed by the	he organization					\$	;				
Part II	Loans to and/or From Inte					5 000 D							
	Complete if the organization answer				38a	, or Form 990, Pa	irt IV, line 26; or if	tne					
	organization reported an amount on  (a) Name of interested person	(b) Relationship	(c) Purpose of		Loan	(e) Original	(f) Balance due	(g) In (	default?	( <b>h)</b> Ap	proved	(i) W	ritten
	,	with organization	loan	to or	from	principal amount					oard or nittee?	agree	ment?
					org.? From			Yes	No	Yes	No	Yes	No
(1)													
(2)									<u> </u>	<u> </u>			
(2)													
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(10)								0000000	00000000	00000000			
Total Part III	Cyanta ay Assistance Ban	ofition Intere	atad Davas	<u></u>		\$							
ran m	Grants or Assistance Ben Complete if the organization answer	•			,								
	(a) Name of interested person		ship between interes			(c) Amount of	(d) Type of assistance	.	(0)	Purpose	o of act	ietanoc	
	(a) Name of interested person		and the organization			assistance	(u) Type of assistance		(6)	шрозс	, or ass	notanice	•
(1)													
(2)													
(3)								$\perp$					
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(6)								-					
(8)								+					
(9)								+					
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Schedule L (F Part IV	Orm 990) 2023 CHORDON Business Transactions Involv	MA FOUNDATION		20-8423943	Pag	e <b>Z</b>
Partiv	Complete if the organization answered "Ye		8h or 28c			
					(e) Sha	rina
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of or	
		organization	transaction			No.
(1) SMITH	ANDERSON, LLP	BOARD DIRECTOR	125,124	IN-KIND LEGAL SVCS		X
(2)						
(3)						
(4)						_
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
Part V	Supplemental Information					
	Provide additional information for respons	ses to questions on Schedule L. See	instructions.			
COLLED	I DADM 17 ADDIM	TONAT THEODIAMION				
SCHED	ULE L, PART V - ADDIT	TONAL INFORMATION				
тик к	OUNDATION RECEIVED AN	I TN-KIND DONATION	OF LEGAL S	ERVICES FROM SMI	.тн	
1111111	CONDATION RECEIVED AN	IN KIND DOMATION	OI HEGAL D	ERVICED FROM DEL		_
ANDER	SON, LLP. JOHN THERIE	N. A BOARD MEMBER	OF THE FOU	NDATION, IS ALSO	) A	
		,	01 1011 100			_
MEMBE	R OF THE LAW FIRM SMI	TH ANDERSON, LLP.				
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## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Noncash Contributions**

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.

OMB No. 1545-0047

2023

Open To Public Inspection

### CHORDOMA FOUNDATION

20-8423943

Employer identification number

Pa	If I Types of Property				•	
	2 2 2	(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution	Method of determinin	g
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amo	ounts
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded	X	9	4,034,021	FMV	
10	Securities — Closely held stock			, ,		
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( <b>TECH SOLUTIONS</b> )	X	1	141,220	FMV	
26	Other ( )					
27	Other ()					
28	Other (					
29	Number of Forms 8283 received by the	ne organiza	tion during the tax year fo	r contributions for		
	which the organization completed For	m 8283, Pa	art V, Donee Acknowledge	ement	29 0	
						Yes No
30a	During the year, did the organization r	eceive by c	ontribution any property r	eported in Part I, lines 1 thro	ough	
	28, that it must hold for at least 3 year	s from the	date of the initial contribu	tion, and which isn't required	d to be	
	used for exempt purposes for the enti	re holding p	period?			30a X
b	If "Yes," describe the arrangement in					
31	Does the organization have a gift acce	eptance pol	icy that requires the revie	w of any nonstandard		
	contributions?					31 X
32a	Does the organization hire or use third	parties or	related organizations to s	olicit, process, or sell nonca	sh	$\parallel \parallel \parallel \parallel$
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount	ount in colu	mn (c) for a type of prope	erty for which column (a) is c	hecked,	
	describe in Part II.					

Schedule M (For	(Form 990) 2023 CHORDOMA FOUNDATION	20-8423943 Page 2
Part II	<b>Supplemental Information.</b> Provide the information required the organization is reporting in Part I, column (b), the number or a combination of both. Also complete this part for any addit	by Part I, lines 30b, 32b, and 33, and whether of contributions, the number of items received,

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

CHORDOMA FOUNDATION

20-8423943

Employer identification number

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FINANCIAL REPORTS AND THE FORM 990 ARE REVIEWED BY THE FOUNDATION'S

EXECUTIVE DIRECTOR, BOARD CHAIR, TREASURER AND FINANCE COMMITTEE BEFORE

BEING DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH EMPLOYEE, DIRECTOR, OR OTHER AGENT OF THE FOUNDATION SIGNS A STATEMENT

THAT AFFIRMS THEY HAVE RECEIVED A COPY OF THE POLICY, READ AND UNDERSTAND

THE POLICY, AGREED TO COMPLY WITH THE POLICY, AND UNDERSTAND THE FOUNDATION

MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES IN ORDER TO MAINTAIN THEIR FEDERAL TAX EXEMPTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECOMMENDS COMPENSATION

OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES THAT IS (I) WITHIN THE BUDGET

APPROVED BY THE BOARD OF DIRECTORS, AND (II) COMPARABLE TO INDUSTRY NORMS

FOR SIMILARLY SIZED NONPROFITS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE DIRECTOR, ALONG WITH THE BOARD OF DIRECTORS, DETERMINE THE

COMPENSATION OF THE ORGANIZATION'S EMPLOYEES AFTER CAREFULLY REVIEWING THE

EMPLOYEE CREDENTIALS AND THE ORGANIZATION'S BUDGET. ALL POSITIONS AND

COMPENSATIONS ARE APPROVED AND FUNDED THROUGH THE ANNUAL BUDGET, WHICH

REQUIRES BOARD REVIEW AND APPROVAL. IN ADDITION, PERSONNEL ISSUES MAY BE

BROUGHT BEFORE THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BY THE

Schedule O (Form 990) 2023 Page 2 Employer identification number Name of the organization CHORDOMA FOUNDATION 20-8423943 EXECUTIVE DIRECTOR. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS INCLUDING ARTICLES OF INCORPORATION, BY-LAWS, POLICIES, ANNUAL AUDITS, AND 990S ARE ON FILE IN THE FINANCE OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST. SOME OF THESE DOCUMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION GAIN ON FOREIGN CURRENCY \$ 13,737 PAGE 1 OF 1