Form 990

T

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Depa Intern	rtment al Reve	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions	-		Open to Public Inspection			
ΑF	or th	ne 2022 calendar year, or tax year beginning	and ending					
	Check if applicable: C Name of organization D Employer identification							
Address THE OSTEOSARCOMA INSTITUTE INC								
	Name Chan	e		82-2921815	5			
	Initia		Room/suite					
		3963 MADLE AVE	390	972-903-84	108			
	termi ated	in-		G Gross receipts \$	749,958.			
	Amer returr			H(a) Is this a group retu	rn			
	Appli tion	F Name and address of principal officer. Inclining I I I Children	, JR.	for subordinates?				
	pend	^{ing} 3963 MAPLE AVE #390, DALLAS, TX 7521		H(b) Are all subordinates inclue	ded? Yes No			
<u>I</u> T	ax-e>)(1) or 52	If "No," attach a lis	t. See instructions			
	Vebs			H(c) Group exemption r				
		of organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2017 M S	State of legal domicile: ${f T}{f X}$			
Pa	rt I	Summary						
•	1	Briefly describe the organization's mission or most significant activities:	E SCHEDU	JLE O				
Ű								
Governance	2	Check this box if the organization discontinued its operations or d						
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3			
5	4	Number of independent voting members of the governing body (Part VI, line			3			
es S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			3			
viti	6	Total number of volunteers (estimate if necessary)			0			
Activities &	7 a	a Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		291,789.	742,858.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		712.	7,100.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	292,501.	749,958.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,223,573.	605,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	290,905.	385,138.			
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 278		0.	0.			
, xp	b	Total fundraising expenses (Part IX, column (D), line 25) 278	<u>,299.</u>					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		309,834.	393,168.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,824,312.	1,383,306.			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,531,811.	-633,348.			
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·	В	eginning of Current Year	End of Year			
ssets alar	20	Total assets (Part X, line 16)		6,745,771.	6,110,939.			
t As	21	Total liabilities (Part X, line 26)		15,500.	14,016.			
E ^R	22	Net assets or fund balances. Subtract line 21 from line 20		6,730,271.	6,096,923.			
	rt II							
Unde	er pen	nalties of perjury, I declare that I have examined this return, including accompanying sch	dules and statem	ients, and to the best of my kn	owledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
-	Here MCHENRY TICHENOR, JR., PRESIDENT										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	MARK MALNORY	MARK MALNORY	12/05	/23 self-employed	P00537508						
Preparer	Firm's name MALNORY, MCNEAL &	COMPANY, PC		Firm's EIN 75-	2510320						
Use Only	Firm's address 4228 N CENTRAL EX	PY, SUITE 320									
	DALLAS, TX 75206			Phone no. $214-$	559-0784						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

		ge 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE OSTEOSARCOMA INSTITUTE WILL DEVELOP AND EXECUTE A COMPREHENSIVE,	
	RATIONAL STRATEGY TO DRAMATICALLY IMPROVE THE LIFE EXPECTANCY OF	
	RELAPSED AND METASTATIC OSTEOSARCOMA PATIENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 200,000 · including grants of \$ 200,000 ·) (Revenue \$)
	THE OSTEOSARCOMA INSTITUTE EXECUTED AGREEMENTS TO FUND GRANTS FOR A	/
	TOTAL OF \$404,411 TRANSLATIONAL SCIENCE GRANT AGREEMENTS WITH THE	
	UNIVERSITY OF MINNESOTA. \$200,000 OF THIS WAS FUNDED IN 2022.	
4b	(Code:) (Expenses \$ 185,000. including grants of \$ 185,000.) (Revenue \$)
	THE OSTEOSARCOMA INSTITUTE EXECUTED AGREEMENTS TO FUND GRANTS FOR A	
	TOTAL OF \$560,000 PRECLINICAL AND TRANSLATIONAL SCIENCE GRANT	
	AGREEMENTS WITH UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. \$185,000 OF	
	THIS WAS FUNDED IN 2022.	
4c	(Code:) (Expenses \$ 165,000. including grants of \$ 165,000.) (Revenue \$)
	THE OSTEOSARCOMA INSTITUTE EXECUTED AGREEMENTS TO FUND TWO GRANTS FOR A	7
	TOTAL OF \$1,300,000 FOR A CLINICAL TRIAL AND CORRELATIVE STUDY WITH THE DANA FARBER CANCER INSTITUTE. \$165,000 OF THIS WAS FUNDED IN 2022.	
	THE DANA FARBER CANCER INSTITUTE, \$105,000 OF THIS WAS FUNDED IN 2022.	
A !	Other program conviece (Deceribe on Schedule O)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 437,430. including grants of \$ 55,000.) (Revenue \$)	
40		
40	Total program service expenses 987,430.	

Form 990 (/	OSTEOSARCOMA	INSTITUTE	INC
Part IV	Ch	ecklist of Require	d Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022)

Form 990 (2022)	THE	OSTEOSAR	COMA	Ι
Part IV	Checklis	t of Require	d Schedules	(continue	d)

			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	Х						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	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								
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>								
	"Yes," complete Schedule L, Part IV	28a		x					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
-	"Yes," complete Schedule L, Part IV	28c		x					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule N, <i>Part</i> P	<u> </u>							
-	Schedule N, Part II	32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>					
01	Part V, line 1	34		x					
35a		35a		X					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>					
	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?								
00	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								
07	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?								
00		38	х						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	00	~~	I					
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-							
D D		-							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) THE OSTEOSARCOMA INSTITUTE INC 82-2921	815	Р	age 5					
Par									
			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 3								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		x					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?	8							
9									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
		-							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a								
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	-							
U									
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.	Tou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
2	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	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								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a "No" r	espon	ise
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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 following:			
а		8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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 document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a		x
	Other officers or key employees of the organization	15a	Х	<u></u>
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
Sec	exempt status with respect to such arrangements?	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3		ovoile	blo
18		is only)	avalia	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O)	d f		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ia finano	Jai	
00	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			
	<u>MCHENRY TICHENOR, JR 972-903-8408</u> 3963 MAPLE AVE STE 390, DALLAS, TX 75219			

Page **6**

Part VII	Compensation of O	fficers, Directors,	Trustees, I	Key Employees,	Highest	Compensated
	Employees, and Ind	lependent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List all of the organization is current key employees, if any. See the instituctions to define the key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	itior) than o		Reportable	Reportable	Estimated
	hours per	box	. unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offi	cer ar T	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal t		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEE HELMAN	line)	lno	Ë	0ŧ	₩¥ E	분동	ß			
INSTITUTE DIRECTOR	10.00				x		-	193,545.	0.	0.
(2) MCHENRY TICHENOR, JR	40.00							155,545.	0.	
CHAIR OF BOARD OF TRUSTEES		x		x				0.	0.	0.
(3) MARY KATHERINE CLARKE	2.00	_								
BOARD OF TRUSTEES		x		x				0.	0.	0.
(4) LISA TICHENOR	2.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(5) BRET ALEXANDER	2.00					Γ.				
FORMER CHAIR OF BOARD OF TRUSTEES		Х		Х				0.	0.	0.
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d Total (add lines tb and 1c) 193,545. 0. 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year. (A) 1 Complete this table for your five highest address NONE Description of services Compensation 1 Complete organization or the calendar year ending with or within the organization of services Compensation Compensation 2 Name and business address NONE	o Total fro	m continuation shoots to Part VI	L Section A						-					0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Not 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual Image: Schedule J for suc														0.
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any p	person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 Name and business address NONE Description of services Compensation 1 0 0 0 0 0 0 1 0 <td>rendered</td> <td>to the organization? If "Yes." con</td> <td>nplete Schedule</td> <td>J fo</td> <td>or su</td> <td>ch r</td> <td>oers</td> <td>on .</td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td>Х</td>	rendered	to the organization? If "Yes." con	nplete Schedule	J fo	or su	ch r	oers	on .				5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. (B) (C) Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with organization of the calendar year ending						·								
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(A) Name and business address NONE (B) Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 0											, ,			
Name and business address NONE Description of services Compensation Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image: Complex address Image:	the organ					<u>g</u>			T				2)	
Total number of independent contractors (including but not limited to those listed above) who received more than			address	NC	NF						services			n
						-			-					
									-					
	2 Total prim	nber of independent contractors (ncluding but no	t lin	nitad	to t	thee		ted	above) who received	ore than			
				/C 1111	nteu	.01		-	.cu	above, who received the				

		(2022) THE OSTEOSARCOMA IN	STITUTE INC		82-2921	815 Page 9
Ра	rt VII					
		Check if Schedule O contains a response or note to a	ny line in this Part VIII (A)	(B)	(C)	[]
			Total revenue	Related or exempt		Revenue excluded
				function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1 -	Federated campaigns 1a				30010113 312 314
ants unts	та		_			
j G	0					
fts,	с А					
Contributions, Gifts, Grants and Other Similar Amounts	d e					
Sins	f		-		×	
utic		similar amounts not included above 1f 742,85	8.			
trib Otl	a	Noncash contributions included in lines 1a-1f				
Con	9 h	Total. Add lines 1a-1f	742,858.			
0.0		Business C				
ø	2 a					
Program Service Revenue	b					
Ser	c					
m ver	d			1		
gra Re	e					
Pro	f	All other program service revenue				
	q					
	3	Investment income (including dividends, interest, and				
		other similar amounts)	7,100.			7,100.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Persol	nal			
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	с	Rental income or (loss) 6c				
	d	()				
	7 a	Gross amount from sales of (i) Securities (ii) Othe	er			
		assets other than inventory 7a				
	b	Less: cost or other basis				
en		and sales expenses				
venue	с	Gain or (loss)				
Re	d	Net gain or (loss)				
Other	8 a	Gross income from fundraising events (not				
ð		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
	b	Less: direct expenses				
	С	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
		Less: direct expenses9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a	-			
		Less: cost of goods sold 10b				
	с	Net income or (loss) from sales of inventory Business C				
sn	11 a					
neo	n a b					
Miscellaneous Revenue	с С					
isce Be	о Н	All other revenue				
Σ	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions		0.	0.	7,100.

THE OSTEOSARCOMA INSTITUTE INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 605,000. 605,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 193,545. 193,545. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 164,353. 69,000. 95,353. 7 8 Pension plan accruals and contributions (include 4,227. 1,844. 2,383. section 401(k) and 403(b) employer contributions) 10,476. 1,811. Other employee benefits 8,665. 9 12,537. 5,279. 7,258. 10 Payroll taxes 11 Fees for services (nonemployees): 73,500. 73,500. Management а 4,362. 4,362. b Legal 8,994. 8,994. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch O.) 209,585. 72,348. 137,237. Advertising and promotion 12 34,354. 18,681. 15,673. 13 Office expenses 11,156. 3,885. 7,271 Information technology 14 Royalties 15 Occupancy 16 3,474. 1,648. 1,826. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 32,995. 32,995. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 4,227. 3,639. 588. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 8,382. 2,045. 10,465. 38. DUES AND MEMBERSHIPS а OTHER EXPENSES 56. 56. b С d All other expenses е 1,383,306. 987,430. 117,577. 278,299. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

THE OSTEOSARCOMA INSTITUTE I	JC
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82-2921815 Page 11

		Check if Schedule O contains a response or p	ato to any line in this Part Y			
		Check if Schedule O contains a response or ne		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		228,387.	1	477,957.
	2	•		1,826,504.	2	2,975,000.
	3	Savings and temporary cash investments		4,690,880.	3	2,657,982.
		Pledges and grants receivable, net		4,000,000	4	2,057,502.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub			5	
	6	controlled entity or family member of any of th		5		
	6	Loans and other receivables from other disqua			6	
	-	under section 4958(f)(1)), and persons describe			6 7	
Assets	7	Notes and loans receivable, net				
Ass	8	Inventories for sale or use			8 9	
	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D			10-	
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		6,745,771.	15 16	6,110,939.
	16	Total assets. Add lines 1 through 15 (must ed		15,500.	17	14,016.
	17 18	Accounts payable and accrued expenses		13,300.	18	
	19	Grants payable			19	
	20	Deferred revenue			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or for		21		
Liabilities	~~~	trustee, key employee, creator or founder, sub				
bili		controlled entity or family member of any of th			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p			21	
		parties, and other liabilities not included on line	•			
		of Schedule D			25	
	26			15,500.	26	14,016.
		Organizations that follow FASB ASC 958, cf				,
es		and complete lines 27, 28, 32, and 33.				
anc	27				27	
Bala	28				28	
Ιpc		Organizations that do not follow FASB ASC				
Ъ		and complete lines 29 through 33.				
л С	29	Capital stock or trust principal, or current fund	s	0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or		0.	30	0.
Ass	31	Retained earnings, endowment, accumulated		6,730,271.	31	6,096,923.
Net Assets or Fund Balances	32	Total net assets or fund balances		6,730,271.	32	6,096,923.
2	33			6,745,771.	33	6,110,939.

6,110,939. Form **990** (2022)

Form 990 (
Part X	Balance Sheet

	990 (2022) THE OSTEOSARCOMA INSTITUTE INC	82-	<u>2921815</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	74	9,9	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,38	3,3	06.
3	Revenue less expenses. Subtract line 2 from line 1	3	-63	3,3	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,73	0,2	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,09	6,9	23.
Pa	rt 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 Schedule	• O.			
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	Х	
	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			1	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<u>3a</u>	L	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
			Form	990	(2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
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Name of the organization Employer identification number								
	THE	OSTEOSARCO	MA INSTITUTE	INC			8	2-2921815
Part I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)				
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)			1			
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	:-II.)				
9	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
	or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	and state of	the college	or
	university:							
10	An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subject	t to certain exceptions; a	nd (2) no i	more than	33 1/3% of its	s support fi	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusiv	vely to test for public saf	ety. See	section 50	9(a)(4).		
12	An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations described	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, su	upervised, or controlled I	oy its supp	orted orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ctions A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	nd functional	ly integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e 🗌	Check this box if the orga	anization received a v	vritten determination fror	n the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f En	ter the number of supported o	organizations						
g Pro	ovide the following information			(iu) lo the orga	nization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	3	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
IUIDI								

Schedule A (Form 990) 2022

Part II

THE OSTEOSARCOMA INSTITUTE INC

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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	21,064.	25,367.	143,090.	291,789.	742,858.	1224168.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	21,064.	25,367.	143,090.	291,789.	742,858.	1224168.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						388,286.	
6	Public support. Subtract line 5 from line 4.						835,882.	
Sec	tion B. Total Support	<u> </u>					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	21,064.	25,367.	143,090.	291,789.	742,858.	1224168.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources				712.	7,100.	7,812.	
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.)							
44	Total support. Add lines 7 through 10						1231980.	
	Gross receipts from related activities,	ate (see instructio				12	12319000	
	First 5 years. If the Form 990 is for th			iourth or fifth tox y				
13	organization, check this box and stop							
Sec	ction C. Computation of Publi							
	Public support percentage for 2022 (I			olumn (f))		14	67.85 %	
	Public support percentage from 2021					15	<u> </u>	
	33 1/3% support test - 2022. If the c							
104	stop here. The organization qualifies						V	
h	33 1/3% support test - 2021. If the o	. ,	•			or more obook thi		
U	and stop here. The organization qual							
17-	10% -facts-and-circumstances test					$1/1 \approx 100\%$		
17 a								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
		-		• • • •	-	7		
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu				• •			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	na see instructions		

Schedule A (Form 990) 2022

	Schedule A (Form 990) 2022
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THE OSTEOSARCOMA INSTITUTE INC 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.)

See	ction A. Public Support	, i i	ł.				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				[
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,	ſ					
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-		-			
0.0	check this box and stop here	- Cummout Dou			<u></u>	<u></u>	
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•		•	(f)		47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						<u>%</u>
198	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
•-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

1

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes." *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	edule A (Form 990) 2022 THE OSTEOSARCOMA INSTITUTE INC 82-2	292181	5 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	- 1		
2				
	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,			
800	supervised, or controlled the supporting organization.	2		
Sec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		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 Part VI how			

	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

с	The organ	ization supporte	ed a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions)
•		ización oupponto	a a govorninoritar oritity.	Describe III • • • • • • • • • •	you supported a	governinernai ernity	(See monuctions)	4

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2

3

2a

2b

3a

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		

THE OSTEOSARCOMA INSTITUTE INC

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

990) 2022			mccom	THOTT	
e III Non-Fun	ctionally In	tegrated	509(a)(3)	Supportii	ng O
ibutions					
aid to supported c	organizations to	o accomplish	n exempt pu	rposes	
aid to perform act	vity that direct	tly furthers e	xempt purp	nses of supr	orted

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	<u> </u>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE	OSTEOSARCOMA	INSTITUTE	INC	82-2921815 Page 8
Part VI	Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	s 1, 2, 3b, 3c, D, lines 2 and	, 4b, 4c, 5a, 6, 9a, 9b, 9c d 3; Part IV, Section E, lir	;, 11a, 11b, and 11c; ies 1c, 2a, 2b, 3a, ar	, line 10; Part II, line 17a o ; Part IV, Section B, lines ⁻ nd 3b; Part V, line 1; Part V ete this part for any additio	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)					
				C		
			C			
			$\overline{\mathbf{C}}$			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

82-2921815	5
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THE	OSTEOSARCOMA	INSTITUTE	INC

5	·
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-2921815

Name of organization

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 15,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ (c) Total contributions	Noncash (Complete Part II for
	Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.)

THE OSTEOSARCOMA INSTITUTE INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 82-2921815

(a) (b) (c) (c) Part1 Description of noncash property given FMV (or estimate) (c) (a) (b) (c) (c) (c) (a) (b) (c) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (a) No. (b) EWV (or estimate) (c) (c) (c) (c) (a) No. (b) EWV (or estimate) (c) (c) <td< th=""><th>Part II</th><th>STEOSARCOMA INSTITUTE INC Noncash Property (see instructions). Use duplicate copies of Part II if a</th><th>dditional space is needed.</th><th>82-2921815</th></td<>	Part II	STEOSARCOMA INSTITUTE INC Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	82-2921815
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Schedule B (Form 990) (2022)

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Schedule	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
THE O	STEOSARCOMA INSTITUTE IN	С	82-2921815
Part III		ns to organizations described in sec hrough (e) and the following line entry aritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferra 's name address an	(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE	D
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(Form	990)
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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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE OSTEOSARCOMA INSTITUTE INC

Employer identification number 82-2921815

OMB No. 1545-0047

organization answered "Yes" on Form 990, Part IV, line 6. (e) Denor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of tent of year Yes No Did the organization inform all donors and woor of one or donor advisor, or for any of the purpose conferring Importised to prove the organization asserted to the organization asserted. Yes' on Form 990, Part IV, line 7. Purpose() or conservation easements held by the organization answerd. Yes' on Form 990, Part IV, line 7. Purpose() or conservation easements held by the organization held a qualified conservation or advisor, or for any of the purpose conferring Importised tent of parts and the organization held a qualified conservation or advisor. In the form of a conservation easement in held with the organization held a qualified conservation easement in the tent of the organization held a qualified conservation easement in held with the applicate or tent or any tent organization asserted in the half of 2 galaxie and the july 25 2006, and net on a historic structure listed in the National Register Number of conservation easements included in (e) cagained at the july 25 2006, and net on a historic structure listed in the persention contribution in the form of a conservation easements during the year Advisor of states where property subject to conservation easements during the year Anou	Pa	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	Id			
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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 			exhibition, education, or research in furth	erance of public service,
 (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 b Assets included in Form 990, Part X \$ 				¢
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 				
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	2			gain, provide
b Assets included in Form 990, Part X\$	-		-	¢

chedule D	(Form	990)	2022
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Sche		EOSARCOMA				921815 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Similar Asse	ets (continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant use of it	S
	collection items (check all that apply):					
а	Public exhibition	c	d Loan or ex	change program		
b	Scholarly research	e	e 🔄 Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	mpt purpose in Pa	art XIII.
5	During the year, did the organization solicit of				r assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod		•		-	—
	on Form 990, Part X?				l	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			Amount
	De sinsis a la dese e					Amount
ر ام	Additional during the year				1c	
a	Additions during the year					
f	Distributions during the year				16 1f	
' 2a	Ending balance Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	
Par						
		(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
с	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for t	he	
	organization by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza					3b
4	t VI Land, Buildings, and Equipm		wment funds.			
Fai	Complete if the organization answere) Part IV line 11a	See Form 990 Part X	line 10	
	Description of property					
	Description of property	(a) Cost or c basis (investr	. ,		Accumulated epreciation	(d) Book value
19	Land					
b	LandBuildings					
	Leasehold improvements					
d	Equipment					
	Other					
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)		0.
and the second se	· · · · · · · · · · · · · · · · · · ·			,		

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022			RCOMA	INSTITU	TE :	INC		82-2921815	Page 3
Part VII	Investments - 0	Other Se	ecurities.							
	Complete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV, line	11b. S	See Form 990, I	Part X, line 12.		
(a) Descrip	otion of security or categ	Ory (including	g name of security)	(b) E	Book value	(c) Method of v	aluation: Cost o	or end-of-year market v	alue
(1) Financi	al derivatives									
(2) Closely	held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)							4			
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 990,	, Part X, col	. (B) line 12.)							
Part VIII	Investments - F	Program	Related.			-				
	Complete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV, line	11c. S	ee Form 990, I	Part X, line 13.		
	(a) Description of i	investmen	t	(b) E	Book value		c) Method of v	aluation: Cost o	or end-of-year market v	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Col. (b) must equal Form 990	, Part X, col	. (B) line 13.)							
Part IX	Other Assets.									
	Complete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV, line	11d. S	See Form 990, I	Part X, line 15.		
			(a)	Description	n				(b) Book va	lue
(1)				~						
(2)										
(3)										
(4)										
(5)										
(6)			<u> </u>							
(7)										
(8)										
(9)										
Total. (Colu	<u>ımn (b) must equal Fo</u>	<u>rm 990, Pa</u>	art X, col. (B) line	e 15.)						
Part X	Other Liabilities			_						
	Complete if the orga			on Form 9	90, Part IV, line	11e or	11f. See Form	990, Part X, lir		
1.	(a) De	escription of	of liability						(b) Book va	llue
(1) Fec	leral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	ımn (b) must equal Fo									
2. Liability	for uncertain tax pos	itions. In F	art XIII, provide	e the text of	f the footnote to	the o	rganization's fir	nancial stateme	ents that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Sche	dule D (Form 990) 2022 THE OSTEOSARCOMA INSTITUTE	INC	82-2	2921815 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	749,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	749,958.
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	749,958.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer		Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements))	1	1,383,306.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,383,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,383,306.
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT ANY TAX PROVISIONS THAT WOULD NOT MEET THE
MORE-LIKELY-THAN-NOT CRITERON OF FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740-10, ACCOUNTING
FOR INCOME TAXES, WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS
A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE
ANY PROVISION OF UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR
PENALTIES HAVE BEEN RECORDED IN THE OPERATING STATEMENTS OR ACCRUED IN THE
STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS INCOME TAX BASIS.

Schedule D	(Form 990) 2022

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THE OSTEOSARCOMA INSTITUTE INC

Part XIII Supplemental Information (continued)

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury										
Internal Revenue Service										
Name of the organizati	on							Employer identification num	ber	
-	THE OSTEO	SARCOMA II	NSTITUTE INC	2				82-292181	.5	
Part I General In	formation on Grants a	nd Assistance								
	ation maintain records t									
criteria used to a	ward the grants or assis	tance?						X Yes	No	
	IV the organization's pro									
	d Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
· · ·	nat received more than \$		•			(f) Method of				
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
DANA FARBER CANCE								CLINICAL TRIAL AND		
450 BROOKLINE AVE						CORRELATIVE RESEARCH				
BOSTON, MA 02215		04-2263040		165,000.	0.			GRANTS		
THE UNIVERSITY OF										
ANDERSON CANCER C										
HOLCOMBE BLVD - H		74-6001118		55,000.	0			CLINICAL TRIAL GRANT		
	<u> </u>	,1 0001110								
REGENTS OF THE UN	IVERSITY OF									
MINNESOTA - 200 S	E OAK ST -							TRANSLATIONAL RESEARCH		
MINNEAPOLIS, MN 5	5455	01-0759982		200,000.	0.			GRANT		
REGENTS OF THE UN	IVERSITY OF									
CALIFORNIA, SAN F	RANCISCO - 490									
ILLINOIS STREET,	4TH FL - SAN		*					TRANSLATIONAL RESEARCH		
FRANCISCO, CA 941	43	94-6036493		185,000.	0.			GRANTS		
	0									

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

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

82-2921815 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
			C					
			07					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.				
PART I, LINE 2:								
THE FOUNDATION REQUIRES GRANTEES TO	SUBMIT	DETAILED,	SEMI-ANNUA	L REPORTS				
DESCRIBING (I) EXPENDITURES AND UTI	LIZATION	OF GRANT	FUNDS FOR	THE CURRENT				
REPORT PERIOD AND CUMULATIVELY, INC	LUDING A	RECONCILI	ATION TO T	HE PROJECT				
BUDGET; (II) A DETAILED DESCRIPTION	I OF WORK	DONE DURI	NG THE CUR	RENT REPORT				
PERIOD; (III) STATUS OF THE PROJECT AIMS AND OBJECTIVES; AND (IV) ANY								
PROPOSED MODIFICATION OF THE PROJEC	T. THE F	OUNDATION	ALSO HAS T	HE RIGHT TO				

CONDUCT ON-SITE INSPECTIONS AND REVIEW FINANCIAL RECORDS.

SCH	IEDULE J	Compensation Information		OMB No. 1	545-004	17	
-		For certain Officers, Directors, Trustees, Key Employees, and Highest		2022			
	Compensated Employees			2022		•	
Depart	epartment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to	Publ	ic	
	Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection			
Nam	Name of the organization Emplo					nber	
		THE OSTEOSARCOMA INSTITUTE INC	82-2	292181	5		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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 c		nal use				
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
•	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>	
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	la dia ata wakia haifa a						
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second s					
		ation of the CEO/Executive Director, but explain in Part III.	JIT LO				
	Compensation						
	·						
	Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee						
			Ommillee				
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 re						
а	•	e payment or change-of-control payment?		4a		x	
		eive payment from a supplemental nonqualified retirement plan?				X	
		size as we at form an another based as a second s				x	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	j						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
b	b Any related organization?					X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n						
а	a The organization?					X	
		ation?				X	
		r 6b, describe in Part III.					
		n 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						X	
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section				-	<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Form	1 990)	2022	

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Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LEE HELMAN	(i)	193,545.	0.		0.	0.		0.	
INSTITUTE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)				· ·				
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
•	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

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SCHEDULE O	Supplem
(Form 990)	Complet

Department of the Treasury Internal Revenue Service Name of the organization

ental Information to Form 990 or 990-EZ

e to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 82-2921815

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

THE OSTEOSARCOMA INSTITUTE INC

THE OSTEOSARCOMA INSTITUTE WILL DEVELOP AND EXECUTE A COMPREHENSIVE,

RATIONAL STRATEGY TO DRAMATICALLY IMPROVE THE LIFE EXPECTANCY OF

RELAPSED AND METASTATIC OSTEOSARCOMA PATIENTS

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

THE OSTEOSARCOMA INSTITUTE EXECUTED AGREEMENTS TO FUND GRANTS FOR A

\$700,000 FOR CLINICAL TRIAL AND TRANSLATIONAL SCIENCE GRANT TOTAL OF

AGREEMENTS WITH THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER.

\$55,000 OF THIS WAS FUNDED IN 2022.

EXPENSES \$ 437,430. INCLUDING GRANTS OF \$ 55,000. REVENUE \$ 0.

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

BOARD MEMBERS MCHENRY TICHENOR, JR AND LISA TICHENOR ARE MARRIED TO ONE

ANOTHER.

FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE PRESIDENT, MAC TICHENOR, JR. PRIOR TO FILING. ALL MEMBERS OF THE GOVERNING BODY HAVE ACCESS TO FORM 990 UPON REQUEST, BUT ARE NOT REQUIRED TO REVIEW THE FORM BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS, ADVISORS, TRUSTEES, REVEIWERS, AND OSTEOSARCOMA INSTITUTE INC. (OSI) GUESTS WHO ATTEND MEETING OR HAVE ACCESS TO CONFIRENTIAL OSI INFORMATION ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY. A CERTIFICATION ADHERING TO THE CONFLICT OF INTEREST POLICY MUST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization THE OSTEOSARCOMA INSTITUTE INC	Employer identification number 82-2921815
BE SIGNED BY THESE MEMBERS BEFORE EACH OSI RELATED MEETIN	G TO ENSURE ALL
PARTIES ARE FOLLOWING THE POLICY. THE OVERALL POLICY LIM	ITS DISCUSSIONS
TO ONLY THOSE RELEVANT PARITES DIRECTLY INVOLVED IN THE RE	VIEWS AND
EVALUATIONS OR PARTICIPATING IN THE SPECIFIC MEETINGS. SP	ECIFICALLY, IT
REQUIRES THOSE BOUND BY THE POLICY TO (1) DESTROY OR RETUR	N ALL MATERIALS
RELATED TO OSI EVALUATIONS, (2) NOT TO DISCLOSE OR DISCUSS	THE MATERIALS
ASSOCIATED WITH ANY REVIEW, EVALUATION, OR REVIEW MEETING	(S) WITH ANY
OTHER INDIVIDUAL UNLESS OFFICIALLY DESIGNATED TO PARTICIP	ATE IN THE REVIEW
PROCESS, (3) NOT TO DISCLOSE PROCUREMENT INFORMATION PRIO	R TO THE AWARD OF
A GRANT/CONTRACT, AND (4)TO REFER ALL INQUIRES CONCERNING	THE REVIEW TO THE
OSI SCIENTIFIC REVIEW ADMINISTRATOR OR OTHER DESIGNATED OF	FICIAL OF THE OSI
PROJECT. THE BOARD PERIODICALLY EVALUATES ALL CONFLICTS O	F INTEREST, AS
WELL AS ANY FACTORS PERTAINING TO CONFLICTS OF INTERESTS	THROUGH
COLLABORATIVE CHECKS-AND-BALANCES PERFORMED BY EACH BOARD	MEMBER AND
TRUSTEE. CONFLICTS OF INTEREST AND CONFIDENTIALITY ARE HI	GHLIGHTED AT EACH
MEETING AND THROUGHOUT THE SCIENTIFIC RESEARCH PROCESS.	

FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION IS BASED ON FAIR MARKET VALUE OF SERVICES DESCRIBED IN THE STATEMENT OF WORK PROVIDED TO EACH INDEPENDENT CONTRACTOR.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS REVIEWED BY THE PRESIDENT, MCHENRY TICHENOR, JR. PRIOR TO

FILING. ALL MEMBERS OF THE GOVERNING BODY HAVE ACCESS TO FORM 990 UPON

REQUEST, BUT ARE NOT REQUIRED TO REVIEW THE FORM BEFORE IT IS FILED.

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

A COPY OF THE OSTEOSARCOMA INSTITUTE'S GOVERNING DOCUMENTS, CONFLICT OF 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE OSTEOSARCOMA INSTITUTE INC	Employer identification number 82-2921815
INTEREST POLICY, AND FINANCIAL STATEMENT ARE AVAILABLE UPO	<u>N REQUEST</u>
SECTION B, LINE 13 AND 14	
ON OCTOBER 10, 2023, THE BOARD OF DIRECTORS OF THE ORGANIZ	ATION ADOPTED
A WHISTLEBLOWER POLICY, A FRAUD POLICY AND A DOCUMENT RETE	NTION AND
DESTRUCTION POLICY.	