

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S ONCOLOGY SERVICES OF MASSACHUSETTS INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>229 KENT STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLINE, MA 02446</b> <b>F</b> Name and address of principal officer: <b>DAVID MACK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>04-2627411</b> <b>E</b> Telephone number <b>(617) 734-3333</b> <b>G</b> Gross receipts \$ <b>1,165,759.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEBOSTONHOUSE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1979</b>		<b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SINCE 1979, CHILDREN'S ONCOLOGY SERVICES ( FORMERLY THE BOSTON RONALD MCDONALD HOUSE ) HAS SERVED AS</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>11</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>11</b></span> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>7</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>150</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">532,316.</td> <td style="text-align: right;">853,069.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">18,513.</td> <td style="text-align: right;">558.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">214,556.</td> <td style="text-align: right;">312,132.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">765,385.</td> <td style="text-align: right;">1,165,759.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	532,316.	853,069.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	18,513.	558.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	214,556.	312,132.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	765,385.	1,165,759.							
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>DAVID MACK, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAUL FORD, CPA</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P01332603</b>
	Firm's name ▶ <b>SAMET &amp; COMPANY PC</b> Firm's address ▶ <b>1330 BOYLSTON STREET</b> <b>CHESTNUT HILL, MA 02467-2111</b>	Firm's EIN ▶ <b>04-3027605</b> Phone no. (617) 731-1222

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

CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
SINCE 1979, CHILDREN'S ONCOLOGY SERVICES ( FORMERLY THE BOSTON RONALD MCDONALD HOUSE ) HAS SERVED AS A HOME-AWAY-FROM-HOME FOR CHILDREN WITH CANCER AND THEIR FAMILIES. AS AN ESSENTIAL PART OF THEIR OVERALL CARE, THE HOUSE PROVIDES ITS GUESTS WITH LOW-COST AND CONVENIENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 836,115. including grants of \$ ) (Revenue \$ 558. )  
CHILDREN'S ONCOLOGY SERVICES ( FORMERLY THE BOSTON RONALD MCDONALD HOUSE ), LOCATED IN BROOKLINE, MASSACHUSETTS PROVIDES A HOME-AWAY-FROM-HOME FOR CHILDREN WITH CANCER AND THEIR FAMILIES. THE FACILITY, SERVING UP TO 22 FAMILIES PER NIGHT, INCLUDES THE FOLLOWING: A 125-YEAR-OLD VICTORIAN HOUSE WITH 9 BEDROOMS, A KITCHEN, DINING AND LIVING ROOMS, COMPUTER ROOM, PLAYROOM, GAME ROOM, AND LAUNDRY FACILITIES; AND A CARRIAGE HOUSE AND ANNEX WITH 13 STUDIO APARTMENTS - THE FIRST OF THEIR KIND IN THE COUNTRY - THAT PROVIDE A RELATIVELY GERM-FREE HOME FOR YOUNG PATIENTS RECOVERING FROM BONE MARROW OR STEM CELL TRANSPLANTS. THE HOUSE ALSO PROVIDES FAMILIES WITH PARKING, AN OUTDOOR PATIO, PICNIC AREA, AND PLAYGROUND.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **836,115.**

CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

**CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		0
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		
		<b>1c</b>

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 7		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	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)? ..... <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	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? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	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? .....		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.	11	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	11	
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, CT, NH, CA, FL, ME, NY, NC, PA, RI, VA, NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARGARET ENRIGHT - 617-734-3333**  
**229 KENT STREET, BROOKLINE, MA 02446**

CHILDREN'S ONCOLOGY SERVICES  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE SMALL DIRECTOR OF DEVELOPMENT	40.00					X	125,000.	0.	9,085.	
(2) MARGARET ENRIGHT EXECUTIVE DIRECTOR	40.00					X	122,902.	0.	7,383.	
(3) PEGGY MALUMPHY CO-PRESIDENT	0.50	X		X			8,507.	0.	0.	
(4) JIM HOPKINS BOARD MEMBER	0.50	X					0.	0.	0.	
(5) LIBBY ROBERTS BOARD MEMBER	0.50	X					0.	0.	0.	
(6) DOUG RODMAN CLERK	0.50	X		X			0.	0.	0.	
(7) BRUCE BALTER TREASURER	0.50	X		X			0.	0.	0.	
(8) RICK FILOSA BOARD MEMBER	0.50	X					0.	0.	0.	
(9) MARTY HANCOCK BOARD MEMBER	0.50	X					0.	0.	0.	
(10) MARIA PAPOLA MEGDAL BOARD MEMBER	0.50	X					0.	0.	0.	
(11) BRETT SULLIVAN VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(12) BARBARA LIGHTIZER BOARD MEMBER	0.50	X					0.	0.	0.	
(13) DAVID MACK PRESIDENT	0.50	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							256,409.	0.	16,468.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							256,409.	0.	16,468.	

**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 **2**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	58,014.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	795,055.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 34,301.				
	<b>h Total.</b> Add lines 1a-1f			853,069.			
Program Service Revenue	<b>2 a</b> CONTRIBUTION - ROOM	Business Code 721000	558.	558.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			558.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		312,132.			312,132.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			1,165,759.	558.	0.	312,132.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	478,667.	325,566.	78,026.	75,075.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,103.	13,593.	755.	755.
<b>9</b> Other employee benefits	40,663.	40,663.		
<b>10</b> Payroll taxes	51,460.	33,449.	9,263.	8,748.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,012.	931.	81.	
<b>c</b> Accounting	20,000.		20,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	20,837.	12,193.	758.	7,886.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	305,845.	305,845.		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	75,551.	75,551.		
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TELEPHONE	17,113.	12,150.	4,278.	685.
<b>b</b> VOLUNTEER RECOGNITION	7,778.	7,156.	622.	
<b>c</b> POSTAGE, PRINTING & PUB	4,672.	496.	1,869.	2,307.
<b>d</b> EVENT EXPENSES	3,004.	3,004.		
<b>e</b> All other expenses	5,518.	5,518.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,047,223.	836,115.	115,652.	95,456.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	107,463.	1	123,755.
	2	Savings and temporary cash investments	577,642.	2	400,650.
	3	Pledges and grants receivable, net		3	53,110.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,562.	9	9,852.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,344,890.		
	b	Less: accumulated depreciation	10b 2,813,286.	10c 593,428.	531,604.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,769,177.	12	5,394,949.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	6,057,272.	16	6,513,920.	
Liabilities	17	Accounts payable and accrued expenses	73,783.	17	70,669.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	73,783.	26	70,669.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,577,758.	27	4,031,804.
	28	Net assets with donor restrictions	2,405,731.	28	2,411,447.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	5,983,489.	32	6,443,251.	
33	<b>Total liabilities and net assets/fund balances</b>	6,057,272.	33	6,513,920.	

Form 990 (2020)

**CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,165,759.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,047,223.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	118,536.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,983,489.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	341,226.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,443,251.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **CHILDREN'S ONCOLOGY SERVICES OF MASSACHUSETTS INC.** Employer identification number **04-2627411**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

CHILDREN'S ONCOLOGY SERVICES

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	958,420.	655,250.	610,121.	532,316.	853,069.	3609176.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	958,420.	655,250.	610,121.	532,316.	853,069.	3609176.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3609176.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	958,420.	655,250.	610,121.	532,316.	853,069.	3609176.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	127,062.	230,069.	279,529.	218,212.	213,942.	1068814.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4677990.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	77,073.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	77.15 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	76.17 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

CHILDREN'S ONCOLOGY SERVICES

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</b> Did the activities described in 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

CHILDREN'S ONCOLOGY SERVICES

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

CHILDREN'S ONCOLOGY SERVICES

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

CHILDREN'S ONCOLOGY SERVICES

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

COPY

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** CHILDREN'S ONCOLOGY SERVICES OF MASSACHUSETTS INC. **Employer identification number** 04-2627411

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

Schedule D (Form 990) 2020

**CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,321,071.	2,321,071.	2,321,071.	2,321,071.	2,321,071.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	2,321,071.	2,321,071.	2,321,071.	2,321,071.	2,321,071.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		20,228.		20,228.
<b>b</b> Buildings		1,091,277.	749,268.	342,009.
<b>c</b> Leasehold improvements		1,571,312.	1,425,755.	145,557.
<b>d</b> Equipment		44,000.	44,000.	0.
<b>e</b> Other		618,073.	594,263.	23,810.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				531,604.

**CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.**

Schedule D (Form 990) 2020

04-2627411 Page 3

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) UBS WEALTH MANAGEMENT		
(B) MUTUAL FUNDS	3,203,177.	END-OF-YEAR MARKET VALUE
(C) FIDELITY TOTAL MARKET		
(D) INDEX FUND	381,227.	END-OF-YEAR MARKET VALUE
(E) FIDELITY DIVERSIFIED		
(F) INTERNATIONAL	343,951.	END-OF-YEAR MARKET VALUE
(G) FIDELITY INFLATION		
(H) PROTECTED BOND	290,980.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>5,394,949.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,520,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	341,226.	
b	Donated services and use of facilities	2b	13,658.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		354,884.
3	Subtract line 2e from line 1	3		1,165,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,165,759.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,060,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,658.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,658.
3	Subtract line 2e from line 1	3		1,047,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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		1,047,223.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME, IF ANY, FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. ACCORDINGLY, THE



**Part XIII** Supplemental Information *(continued)*

ORGANIZATION HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS. IF THE ORGANIZATION INCURS INTEREST OR PENALTIES AS A RESULT OF UNRECOGNIZED TAX POSITIONS THE POLICY IS TO CLASSIFY INTEREST ACCRUED WITH INTEREST EXPENSE AND PENALTIES THEREON WITH OPERATING EXPENSES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD IN PROGRESS.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CHILDREN'S ONCOLOGY SERVICES OF MASSACHUSETTS INC.** Employer identification number **04-2627411**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		24,801.COST	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SUITE-FENWAY )	X	1	9,500.COST	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

CHILDREN'S ONCOLOGY SERVICES

Schedule M (Form 990) 2020

OF MASSACHUSETTS INC.

04-2627411

Page 2

**Part II**

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

Horizontal lines for supplemental information input.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Employer identification number  
04-2627411

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

A HOME-AWAY-FROM-HOME FOR CHILDREN WITH CANCER AND THEIR FAMILIES. AS AN ESSENTIAL PART OF THEIR OVERALL CARE, THE HOUSE PROVIDES ITS GUESTS WITH LOW-COST AND CONVENIENT ACCOMODATIONS IN A SAFE AND COMFORTABLE HOME-LIKE SETTING. HERE, CHILDREN, FAMILIES AND CAREGIVERS FIND COMFORT AND SUPPORT AMONG STAFF, VOLUNTEERS AND OTHER FAMILIES FACING THE LIFE-CHANGING REALITIES OF CHILDHOOD CANCER AND OTHER LIFE-THREATENING HEMATOLOGICAL ILLNESSES.

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

ACCOMODATIONS IN A SAFE AND COMFORTABLE HOME-LIKE SETTING. HERE, CHILDREN, FAMILIES AND CAREGIVERS FIND COMFORT AND SUPPORT AMONG STAFF, VOLUNTEERS AND OTHER FAMILIES FACING THE LIFE-CHANGING REALITIES OF CHILDHOOD CANCER AND OTHER LIFE-THREATENING HEMATOLOGICAL ILLNESSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE PRESIDENT AND TREASURER BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY EACH DIRECTOR AND OFFICER OF THE ORGANIZATION.

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

THERE IS A REVIEW AND APPROVAL PROCESS IMPLEMENTED BY THE HR COMMITTEE AS WELL AS THE USE OF DATA TO BENCHMARK THE SALARIES.

Name of the organization CHILDREN'S ONCOLOGY SERVICES OF MASSACHUSETTS INC.	Employer identification number 04-2627411
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

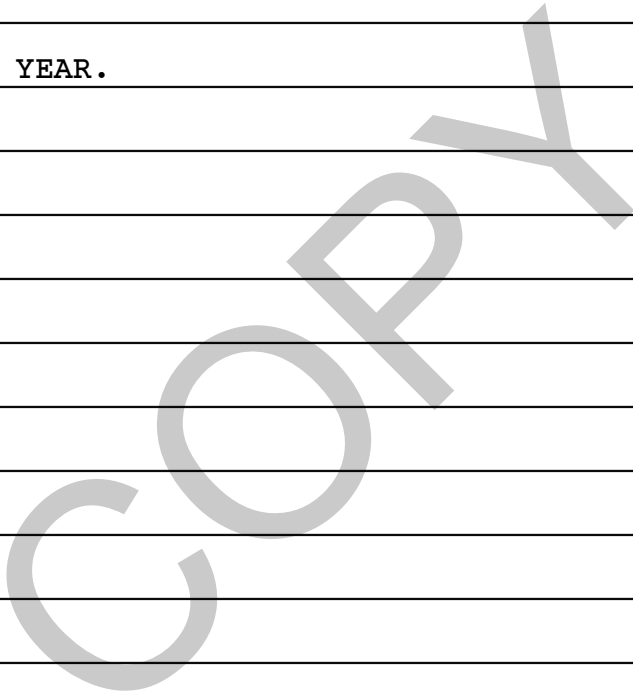
MA, CT, NH, CA, FL, ME, NY, NC, PA, RI, VA, NJ, MI, IL

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.



2020 DEPRECIATION AND AMORTIZATION REPORT

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	BUILDINGS														
67	DRIVEWAY SEALING & LINES	11/01/02	SL	10.00		16	3,500.				3,500.	3,500.		0.	3,500.
68	CARRIAGE HOUSE DONATIONS	09/01/02	SL	10.00		16	7,850.				7,850.	7,850.		0.	7,850.
69	CARPETING	03/01/02	SL	10.00		16	8,000.				8,000.	8,000.		0.	8,000.
74	BUILDING IMPROVEMENTS	03/14/03	SL	10.00		16	10,673.				10,673.	10,673.		0.	10,673.
75	EXTERIOR PAINTING	07/03/03	SL	10.00		16	5,000.				5,000.	5,000.		0.	5,000.
76	REPLACED BACK DECK	07/11/03	SL	10.00		16	1,290.				1,290.	1,290.		0.	1,290.
77	REMODELING	09/12/03	SL	20.00		16	2,150.				2,150.	1,836.		108.	1,944.
93	WINDOW TREATMENTS	06/15/04	SL	10.00		16	800.				800.	800.		0.	800.
97	PAINTING	04/05/05	SL	10.00		16	1,100.				1,100.	1,100.		0.	1,100.
98	INSTALLATION OF HANDICAP DOOR	04/05/05	SL	10.00		16	2,950.				2,950.	2,950.		0.	2,950.
99	PAINTING AND WALLPAPER	05/11/05	SL	10.00		16	6,000.				6,000.	6,000.		0.	6,000.
100	DESIGN SERVICES	07/01/05	SL	10.00		16	2,999.				2,999.	2,999.		0.	2,999.
101	BATHROOM RENOVATIONS	12/06/05	SL	10.00		16	84,845.				84,845.	84,849.		0.	84,849.
102	FRONT PORCH RENOVATIONS	12/21/05	SL	10.00		16	4,459.				4,459.	4,460.		0.	4,460.
103	OUTDOOR KITCHEN	06/15/05	SL	10.00		16	15,000.				15,000.	15,000.		0.	15,000.
104	CENTRAL AIR CONDITIONING	06/30/05	SL	10.00		16	3,116.				3,116.	3,116.		0.	3,116.
105	CARPETING	09/01/05	SL	10.00		16	4,750.				4,750.	4,750.		0.	4,750.

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106	PAINTING	08/01/05	SL	10.00		16	5,000.				5,000.	5,000.		0.	5,000.
	* 990 PAGE 10 TOTAL BUILDINGS						169,482.				169,482.	169,173.		108.	169,281.
	FURNITURE & FIXTURES														
11	FURNITURE & FIXTURES	VARIOUS	SL	5.00		16	118,451.				118,451.	118,451.		0.	118,451.
13	FURNITURE & FIXTURES	06/30/93	SL	5.00		16	23,272.				23,272.	23,272.		0.	23,272.
14	FURNITURE & FIXTURES	06/30/94	SL	5.00		16	30,266.				30,266.	30,266.		0.	30,266.
15	FURNITURE & FIXTURES	01/31/95	SL	10.00		16	9,700.				9,700.	9,700.		0.	9,700.
16	FURNITURE & FIXTURES	06/30/95	SL	5.00		16	2,423.				2,423.	2,423.		0.	2,423.
17	FURNITURE & FIXTURES	01/01/97	SL	10.00		16	4,556.				4,556.	4,556.		0.	4,556.
19	FURNITURE & FIXTURES	06/12/97	SL	10.00		16	1,268.				1,268.	1,259.		0.	1,259.
20	FURNITURE & FIXTURES	07/17/97	SL	5.00		16	5,009.				5,009.	5,009.		0.	5,009.
46	FURNISHINGS	06/30/98	SL	5.00		16	1,738.				1,738.	1,738.		0.	1,738.
48	FURNITURE & FIXTURES	06/30/99	SL	10.00		16	1,127.				1,127.	1,015.		0.	1,015.
51	FURNISHINGS	01/01/00	SL	5.00		16	3,101.				3,101.	3,101.		0.	3,101.
52	FURNISHINGS	06/30/00	SL	5.00		16	2,168.				2,168.	2,168.		0.	2,168.
53	FURNISHINGS	07/03/00	SL	5.00		16	6,764.				6,764.	6,764.		0.	6,764.
56	FURNISHINGS	04/03/01	SL	5.00		16	559.				559.	532.		0.	532.
57	FURNISHINGS	08/28/01	SL	5.00		16	6,502.				6,502.	6,502.		0.	6,502.



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72	CARRIAGE HOUSE FURNITURE	09/01/02	SL	5.00		16	18,832.				18,832.	18,832.		0.	18,832.
73	DRAPES & BEDSPREADS	09/01/02	SL	5.00		16	21,000.				21,000.	21,000.		0.	21,000.
78	COMPUTERS AND PRINTERS	12/20/03	SL	5.00		16	1,811.				1,811.	1,811.		0.	1,811.
79	NORTH SHORE FUEL	07/03/03	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
80	NEUDORFER CHAIRS	08/15/03	SL	5.00		16	5,847.				5,847.	5,847.		0.	5,847.
81	REFRIDGERATION	08/15/03	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
82	8 SLEEPER SOFAS	10/28/03	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
83	DINING ROOM CHAIRS	08/15/03	SL	5.00		16	1,770.				1,770.	1,770.		0.	1,770.
84	COMPUTERS AND MONITOR	07/03/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
85	TABLES	07/05/03	SL	5.00		16	3,897.				3,897.	3,897.		0.	3,897.
86	CHAIRS	09/01/03	SL	5.00		16	6,688.				6,688.	6,688.		0.	6,688.
87	SLEEPER SOFA	09/01/03	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
88	DINING ROOM CHAIRS	09/03/03	SL	5.00		16	4,710.				4,710.	4,710.		0.	4,710.
89	AIR CONDITIONERS	10/20/04	SL	5.00		16	1,100.				1,100.	1,100.		0.	1,100.
90	AIR CONDITIONERS	06/04/04	SL	5.00		16	2,280.				2,280.	2,280.		0.	2,280.
91	AIR CONDITIONERS	10/20/04	SL	5.00		16	3,617.				3,617.	3,617.		0.	3,617.
92	LAMPS	03/15/04	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
95	OIL PAINTING	06/30/04	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.

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96	WALL MIRROR	09/16/04	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
107	AIR CONDITIONER	07/05/05	SL	5.00		16	2,504.				2,504.	2,504.		0.	2,504.
108	FURNITURE & FIXTURES	06/27/05	SL	5.00		16	8,700.				8,700.	8,700.		0.	8,700.
109	LAUNDRY	02/16/05	SL	5.00		16	1,498.				1,498.	1,498.		0.	1,498.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						323,908.				323,908.	323,760.		0.	323,760.
	TRANSPORTATION EQUIPMENT														
31	MOTOR VEHICLE	09/01/90	SL	5.00		21	14,000.				14,000.	14,000.		0.	14,000.
94	NEW VAN	06/15/04	SL	5.00		21	30,000.				30,000.	30,000.		0.	30,000.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						44,000.				44,000.	44,000.		0.	44,000.
	PROGRAM SERVICES														
110	DELL COMPUTER	05/27/06	SL	5.00		16	1,636.				1,636.	1,636.		0.	1,636.
111	LANDSCAPING	09/08/06	SL	15.00		16	14,222.				14,222.	12,640.		948.	13,588.
112	PLAYSTRUCTURE OUTDOOR	10/10/06	SL	15.00		16	4,696.				4,696.	4,147.		313.	4,460.
113	TEEN ROOM FURNITURE	07/18/06	SL	7.00		16	4,467.				4,467.	4,467.		0.	4,467.
114	DRYER	10/06/06	SL	7.00		16	1,210.				1,210.	1,210.		0.	1,210.
115	LINENS & BLANKETS	12/15/06	SL	7.00		16	3,899.				3,899.	3,899.		0.	3,899.
116	ROOF REPAIR	08/04/06	SL	10.00		16	84,400.				84,400.	84,400.		0.	84,400.
117	A/C CONNECTION REPAIR	05/04/06	SL	10.00		16	2,881.				2,881.	2,881.		0.	2,881.

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118	FIRE PLACE REPAIR	08/04/06	SL	10.00		16	1,345.				1,345.	1,345.		0.	1,345.
119	WIRING OF NEW PANEL	02/03/06	SL	20.00		16	1,354.				1,354.	946.		68.	1,014.
120	WASHING MACHINES	06/15/06	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
121	SECURITY HARDWARE AND SOFTWARE	07/01/06	SL	5.00		16	10,900.				10,900.	10,900.		0.	10,900.
122	PORCH FURNITURE	06/30/06	SL	7.00		16	6,500.				6,500.	6,500.		0.	6,500.
123	APPLE COMPUTERS	07/15/06	SL	5.00		16	3,600.				3,600.	3,600.		0.	3,600.
124	ORIENTAL RUG	06/15/06	SL	7.00		16	4,500.				4,500.	4,500.		0.	4,500.
125	KEYCARD READER SYSTEM	05/31/06	SL	5.00		16	6,500.				6,500.	6,500.		0.	6,500.
126	WATERPROOF DECK	08/28/07	SL	10.00		16	15,372.				15,372.	15,372.		0.	15,372.
127	SECURITY SYSTEM	09/28/07	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
128	CARPET IN PLAYROOM	11/20/07	SL	10.00		16	1,950.				1,950.	1,950.		0.	1,950.
129	NEW A/C- MANAGERS APT	06/26/07	SL	7.00		16	1,090.				1,090.	1,090.		0.	1,090.
130	COMPUTER FOR DAWN	11/08/07	SL	5.00		16	1,764.				1,764.	1,764.		0.	1,764.
131	TELOSA SOFTWARE	12/18/07	SL	3.00		16	2,635.				2,635.	2,635.		0.	2,635.
132	VACCUMS	06/30/07	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
133	WASHING MACHINE, DRYER, DISHWASHER	06/30/07	SL	7.00		16	1,317.				1,317.	1,317.		0.	1,317.
134	COPY MACHINE, TONER	06/30/07	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
135	BACKYARD FURNITURE	06/30/07	SL	7.00		16	5,881.				5,881.	5,881.		0.	5,881.

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136	TV	06/30/07	SL	7.00		16	3,068.				3,068.	3,068.		0.	3,068.
137	LAMPS	06/30/07	SL	7.00		16	1,539.				1,539.	1,539.		0.	1,539.
138	MAIN HOUSE LAMPS	06/30/07	SL	7.00		16	1,829.				1,829.	1,556.		0.	1,556.
139	INSTALL AND PURCHASE OF NEW A/C UNIT	05/02/08	SL	10.00		16	1,472.				1,472.	1,472.		0.	1,472.
140	CIRCULATION PUMP	05/20/08	SL	10.00		16	1,329.				1,329.	1,329.		0.	1,329.
141	LEASEHOLD IMPROVEMENTS	06/24/08	SL	10.00		16	3,300.				3,300.	3,300.		0.	3,300.
142	INSTALL OF PULL STATION STOPPER COVERS	07/01/08	SL	10.00		16	4,866.				4,866.	4,866.		0.	4,866.
143	EMERGENCY LIGHTING SYSTEM	09/26/08	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
144	INSTALL CIRCULATION PUMP	12/02/08	SL	10.00		16	2,632.				2,632.	2,632.		0.	2,632.
145	FURNITURE FOR FOYER	05/15/08	SL	7.00		16	1,186.				1,186.	1,186.		0.	1,186.
146	NEW CARPET	06/03/08	SL	7.00		16	8,095.				8,095.	8,095.		0.	8,095.
147	WASHER/DRYER AND RANGE	07/23/08	SL	7.00		16	1,804.				1,804.	1,804.		0.	1,804.
148	FURNITURE	08/12/08	SL	7.00		16	1,186.				1,186.	1,186.		0.	1,186.
149	LIVING ROOM SOFA	09/16/08	SL	7.00		16	2,730.				2,730.	2,730.		0.	2,730.
150	LIVING ROOM SOFA	09/16/08	SL	7.00		16	998.				998.	998.		0.	998.
151	ADD SHELVING TO STRORE ROOM	10/27/08	SL	7.00		16	2,121.				2,121.	2,121.		0.	2,121.
152	ADD SHELVING AND RACKS	11/02/08	SL	7.00		16	2,103.				2,103.	2,103.		0.	2,103.
153	BEDROOM FURNITURE	12/31/08	SL	7.00		16	11,695.				11,695.	11,695.		0.	11,695.

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154	POST LIGHT FIXTURE AND INSTALL	11/18/08	SL	15.00		16	3,052.				3,052.	2,250.		203.	2,453.
155	SOFTWARE	03/14/08	SL	5.00		16	247.				247.	247.		0.	247.
156	WINDOWS	11/12/08	SL	10.00		16	3,200.				3,200.	3,200.		0.	3,200.
157	FURNITURE	07/15/08	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
158	VACUUM	07/15/08	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
159	LIGHTS	07/15/08	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
160	TV	07/15/08	SL	5.00		16	300.				300.	300.		0.	300.
161	ROOF ON PORCH	01/20/09	SL	10.00		16	3,420.				3,420.	3,420.		0.	3,420.
162	BOILER REPLACEMENT	02/03/09	SL	10.00		16	11,332.				11,332.	11,332.		0.	11,332.
163	PIPING REPLACEMENT	02/03/09	SL	10.00		16	3,577.				3,577.	3,577.		0.	3,577.
164	WINDOWS	02/03/09	SL	5.00		16	3,175.				3,175.	3,175.		0.	3,175.
165	BATHROOM RENOVATIONS	05/18/09	SL	10.00		16	6,776.				6,776.	6,776.		0.	6,776.
166	WATERMAIN REPLACEMENT	07/06/09	SL	10.00		16	2,877.				2,877.	2,877.		0.	2,877.
167	PIPING REPLACEMENT	11/20/09	SL	10.00		16	3,606.				3,606.	3,606.		0.	3,606.
168	BATHROOM RENOVATIONS	06/02/09	SL	10.00		16	8,312.				8,312.	8,312.		0.	8,312.
169	DEFIBULATORS	06/02/09	SL	5.00		16	8,290.				8,290.	8,290.		0.	8,290.
170	ALARMS	01/06/09	SL	5.00		16	1,694.				1,694.	1,694.		0.	1,694.
171	MATTRESSES	01/21/09	SL	7.00		16	10,377.				10,377.	10,377.		0.	10,377.

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172	NIGHT STANDS	05/29/09	SL	7.00		16	1,361.				1,361.	1,361.		0.	1,361.
173	BEDROOM FURNITURE	07/13/09	SL	7.00		16	2,862.				2,862.	2,862.		0.	2,862.
174	BEDROOM FURNITURE	12/04/09	SL	7.00		16	4,691.				4,691.	4,691.		0.	4,691.
175	COMPUTER	05/19/09	SL	5.00		16	1,994.				1,994.	1,994.		0.	1,994.
176	COMPUTER	10/09/09	SL	5.00		16	2,171.				2,171.	2,171.		0.	2,171.
177	COMPUTER	11/08/09	SL	5.00		16	1,593.				1,593.	1,592.		0.	1,592.
178	2 GAS BOILERS	08/24/10	SL	10.00		16	19,500.				19,500.	18,200.		1,300.	19,500.
179	FIRE PANELS	10/20/10	SL	10.00		16	11,047.				11,047.	10,129.		918.	11,047.
180	NEW CARPET	11/19/10	SL	10.00		16	7,687.				7,687.	6,985.		702.	7,687.
181	BUILDING IMPROVEMENTS	12/01/10	SL	10.00		16	5,580.				5,580.	5,069.		511.	5,580.
182	BUILDING IMPROVEMENTS	12/01/10	SL	10.00		16	3,640.				3,640.	3,306.		334.	3,640.
183	BUILDING IMPROVEMENTS	12/01/10	SL	10.00		16	1,851.				1,851.	1,680.		171.	1,851.
184	2 AIR CONDITIONERS	01/03/10	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
185	4 CHAIRS	04/01/10	SL	7.00		16	2,516.				2,516.	2,516.		0.	2,516.
186	36" LCD TV	12/26/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
187	LANDSCAPING	09/21/10	SL	15.00		16	7,517.				7,517.	4,634.		501.	5,135.
188	MAC TREK SOFTWARE	03/04/10	SL	3.00		16	1,110.				1,110.	1,110.		0.	1,110.
189	IMAC COMPUTER	11/08/10	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.

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190	RUGS	04/29/11	SL	10.00		16	4,367.				4,367.	3,787.		437.	4,224.
191	A/C UNIT	08/17/11	SL	10.00		16	1,483.				1,483.	1,233.		148.	1,381.
192	DEHUMIDIFIERS (6)	08/16/11	SL	7.00		16	1,443.				1,443.	1,443.		0.	1,443.
193	CENTRAL VAC UNIT	10/28/11	SL	7.00		16	1,626.				1,626.	1,626.		0.	1,626.
194	ID SCANNER	06/10/11	SL	5.00		16	2,444.				2,444.	2,444.		0.	2,444.
195	COMPUTER	09/29/11	SL	5.00		16	1,343.				1,343.	1,343.		0.	1,343.
196	BUILDING IMPROVEMENTS	07/13/12	SL	10.00		16	5,481.				5,481.	4,110.		548.	4,658.
197	BUILDING IMPROVEMENTS	07/13/12	SL	10.00		16	55,604.				55,604.	41,700.		5,560.	47,260.
198	BUILDING IMPROVEMENTS	10/09/12	SL	10.00		16	2,682.				2,682.	1,943.		268.	2,211.
199	FURNISHINGS	10/16/12	SL	7.00		16	1,614.				1,614.	1,614.		0.	1,614.
200	FURNISHINGS	12/03/12	SL	7.00		16	1,115.				1,115.	1,115.		0.	1,115.
201	BUILDING IMPROVEMENTS	08/14/13	SL	10.00		16	6,076.				6,076.	3,901.		608.	4,509.
202	BUILDING IMPROVEMENTS	10/25/13	SL	10.00		16	2,136.				2,136.	1,320.		214.	1,534.
203	BUILDING IMPROVEMENTS	11/05/13	SL	10.00		16	7,249.				7,249.	4,471.		725.	5,196.
204	BUILDING	06/14/13	SL	20.00		16	2,325.				2,325.	764.		116.	880.
205	FURNISHINGS	06/14/13	SL	7.00		16	1,511.				1,511.	1,422.		89.	1,511.
206	FURNISHINGS	07/12/13	SL	7.00		16	3,283.				3,283.	3,049.		234.	3,283.
207	LANDSCAPING	09/13/13	SL	15.00		16	1,407.				1,407.	595.		94.	689.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
208	LANDSCAPING	10/01/13	SL	15.00		16	2,453.				2,453.	1,025.		164.	1,189.
209	LANDSCAPING	11/19/13	SL	15.00		16	1,389.				1,389.	566.		93.	659.
210	LANDSCAPING	08/14/13	SL	15.00		16	20,065.				20,065.	8,585.		1,338.	9,923.
211	COMPUTER	03/13/13	SL	5.00		16	1,737.				1,737.	1,737.		0.	1,737.
212	COMPUTER	10/21/13	SL	5.00		16	1,240.				1,240.	1,240.		0.	1,240.
213	BUILDING IMPROVEMENTS	06/07/14	SL	10.00		16	651.				651.	358.		65.	423.
214	BUILDING IMPROVEMENTS	09/12/14	SL	10.00		16	9,365.				9,365.	4,997.		937.	5,934.
215	BUILDING IMPROVEMENTS	12/05/14	SL	10.00		16	2,232.				2,232.	1,134.		223.	1,357.
				.000	HY	16									
217	FURNISHINGS	03/10/14	SL	7.00		16	1,301.				1,301.	1,085.		186.	1,271.
218	FURNISHINGS	06/10/14	SL	7.00		16	5,579.				5,579.	4,450.		797.	5,247.
219	FURNISHINGS	07/31/14	SL	7.00		16	14,134.				14,134.	10,936.		2,019.	12,955.
220	FURNISHINGS	08/08/14	SL	7.00		16	3,828.				3,828.	2,963.		547.	3,510.
221	FURNISHINGS	09/12/14	SL	7.00		16	6,565.				6,565.	5,003.		938.	5,941.
222	FURNISHINGS	11/03/14	SL	7.00		16	26,024.				26,024.	19,210.		3,718.	22,928.
223	FURNISHINGS	12/30/14	SL	7.00		16	2,800.				2,800.	2,000.		400.	2,400.
225	LAND IMPROVEMENTS	03/14/14	SL	15.00		16	3,414.				3,414.	1,330.		228.	1,558.
226	LAND IMPROVEMENTS	11/26/14	SL	15.00		16	1,900.				1,900.	646.		127.	773.



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
227	OFFICE EQUIPMENT	08/08/14	SL	5.00		16	2,199.				2,199.	2,199.		0.	2,199.
228	BUILDING	01/01/14	SL	20.00		16	1,133.				1,133.	342.		57.	399.
229	FURNISHINGS	01/01/14	SL	7.00		16	1,876.				1,876.	1,608.		268.	1,876.
230	LAND IMPROVEMENTS	01/01/14	SL	15.00		16	3,358.				3,358.	1,344.		224.	1,568.
231	LAND IMPROVEMENTS	07/01/13	SL	15.00		16	15,626.				15,626.	6,773.		1,042.	7,815.
232	BUILDING IMPROVEMENTS	03/26/15	SL	10.00		16	2,350.				2,350.	1,116.		235.	1,351.
233	BUILDING IMPROVEMENTS	05/01/15	SL	10.00		16	2,050.				2,050.	957.		205.	1,162.
234	HVAC SYSTEM	05/22/15	SL	10.00		16	17,915.				17,915.	8,213.		1,792.	10,005.
235	HARDWOOD FLOOR	08/31/15	SL	10.00		16	2,700.				2,700.	1,170.		270.	1,440.
236	BUILDING IMPROVEMENTS	10/02/15	SL	10.00		16	3,665.				3,665.	1,560.		367.	1,927.
237	HIGH EFFICIENCY PROPERTY	10/02/15	SL	10.00		16	31,800.				31,800.	13,515.		3,180.	16,695.
238	COMMON AREA PROPERTY	11/20/15	SL	10.00		16	1,420.				1,420.	580.		142.	722.
239	FURNISHINGS	07/16/15	SL	7.00		16	2,602.				2,602.	1,674.		372.	2,046.
240	2 REFRIGERATORS	08/21/15	SL	7.00		16	2,853.				2,853.	1,768.		408.	2,176.
241	2 DISHWASHERS	12/08/15	SL	7.00		16	1,436.				1,436.	837.		205.	1,042.
242	SKYLIGHT	01/18/16	SL	10.00		16	10,591.				10,591.	4,148.		1,059.	5,207.
243	CAMERA SYSTEM	03/01/16	SL	10.00		16	24,375.				24,375.	9,345.		2,438.	11,783.
244	CARPETING	03/01/16	SL	10.00		16	9,402.				9,402.	3,604.		940.	4,544.

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245	PARKING DECK	06/14/16	SL	10.00		16	9,840.				9,840.	3,526.		984.	4,510.
246	CARPETING	07/01/16	SL	10.00		16	3,877.				3,877.	1,358.		388.	1,746.
247	AIR CONDITIONER	08/12/16	SL	10.00		16	1,980.				1,980.	677.		198.	875.
249	MANAGER'S KITCHEN RENOVATION	11/30/16	SL	10.00		16	15,326.				15,326.	4,727.		1,533.	6,260.
250	OFFICE EQUIPMENT	12/13/16	SL	5.00		16	1,761.				1,761.	1,085.		352.	1,437.
251	CARPETING	09/08/17	SL	7.00		16	8,470.				8,470.	2,823.		1,210.	4,033.
252	KITCHEN COUNTER	08/22/17	SL	10.00		16	10,543.				10,543.	2,459.		1,054.	3,513.
253	PLAY STRUCTURE	08/01/17	SL	15.00		16	5,247.				5,247.	846.		350.	1,196.
254	AT&T WIFI EQUIPMENT	07/20/18	SL	5.00		16	7,732.				7,732.	2,190.		1,546.	3,736.
255	AT&T WIFI EQUIPMENT	08/15/18	SL	5.00		16	3,559.				3,559.	1,009.		712.	1,721.
256	TEMP VALVE	10/12/18	SL	10.00		16	2,019.				2,019.	252.		202.	454.
257	AIR CONDITIONER	12/07/18	SL	10.00		16	1,860.				1,860.	202.		186.	388.
258	REFRIGERATOR	10/15/19	SL	7.00		16	1,480.				1,480.	53.		211.	264.
259	PIPE REPLACEMENT	06/11/19	SL	10.00		16	2,326.				2,326.	136.		233.	369.
260	PIPE REPLACEMENT	11/12/19	SL	10.00		16	2,361.				2,361.	39.		236.	275.
261	NEW CIRCULATOR MOTOR	04/28/20	SL	10.00		16	1,225.				1,225.			82.	82.
262	MG COMPRESSOR	06/26/20	SL	10.00		16	1,576.				1,576.			79.	79.
263	CARPETING	08/21/20	SL	10.00		16	2,492.				2,492.			83.	83.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
264	CARPETING	09/25/20	SL	10.00		16	2,492.				2,492.			62.	62.
265	SOFA	01/02/20	SL	7.00		16	1,980.				1,980.			283.	283.
266	SPRINKLER	09/22/20	SL	15.00		16	1,325.				1,325.			22.	22.
267	LAPTOP	02/07/20	SL	5.00		16	2,636.				2,636.			483.	483.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						843,251.				843,251.	622,773.		50,483.	673,256.
	BUILDINGS														
1	BUILDINGS	09/07/79	SL	40.00		16	80,910.				80,910.	80,910.		0.	80,910.
3	BUILDING	06/30/94	SL	40.00		16	1,006,909.				1,006,909.	641,909.		25,173.	667,082.
49	BUILDING	06/30/00	SL	20.00		16	3,220.				3,220.	3,220.		0.	3,220.
	* 990 PAGE 10 TOTAL BUILDINGS						1,091,039.				1,091,039.	726,039.		25,173.	751,212.
	LAND														
41	LAND	09/07/79	L				20,228.				20,228.			0.	
	* 990 PAGE 10 TOTAL LAND						20,228.				20,228.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						2,491,908.				2,491,908.	1,885,745.		75,764.	1,961,509.
	BUILDINGS														
2	BUILDING IMPROVEMENTS	VARIOUS	SL	20.00		16	616,303.				616,303.	616,303.		0.	616,303.
4	BUILDING IMPROVEMENTS	01/01/97	SL	10.00		16	9,703.				9,703.	9,215.		0.	9,215.
5	BUILDING IMPROVEMENTS	06/30/97	SL	10.00		16	42,690.				42,690.	42,690.		0.	42,690.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	BUILDING IMPROVEMENTS	06/30/98	SL	10.00		16	5,843.				5,843.	5,843.		0.	5,843.
47	BUILDING IMPROVEMENTS	06/30/99	SL	10.00		16	15,005.				15,005.	15,005.		0.	15,005.
50	BUILDING IMPROVEMENTS	04/28/00	SL	10.00		16	13,844.				13,844.	13,844.		0.	13,844.
58	BUILDING IMPROVEMENTS	05/01/02	SL	10.00		16	1,875.				1,875.	1,875.		0.	1,875.
59	BUILDING IMPROVEMENTS	06/04/02	SL	10.00		16	2,199.				2,199.	2,199.		0.	2,199.
61	BUILDING IMPROVEMENTS	07/17/02	SL	10.00		16	13,426.				13,426.	13,426.		0.	13,426.
62	BUILDING IMPROVEMENTS	07/17/02	SL	10.00		16	31,612.				31,612.	31,612.		0.	31,612.
63	BUILDING IMPROVEMENTS	08/06/02	SL	10.00		16	1,250.				1,250.	1,250.		0.	1,250.
64	BUILDING IMPROVEMENTS	09/04/02	SL	10.00		16	40,404.				40,404.	40,404.		0.	40,404.
65	BUILDING IMPROVEMENTS	09/10/02	SL	10.00		16	1,250.				1,250.	1,250.		0.	1,250.
	* 990 PAGE 10 TOTAL BUILDINGS						795,404.				795,404.	794,916.		0.	794,916.
	OTHER														
42	LAND IMPROVEMENTS	06/30/94	SL	15.00		16	24,351.				24,351.	24,085.		0.	24,085.
43	LAND IMPROVEMENTS	06/30/97	SL	15.00		16	944.				944.	944.		0.	944.
54	LAND IMPROVEMENTS	12/31/01	SL	15.00		16	11,250.				11,250.	11,250.		0.	11,250.
	* 990 PAGE 10 TOTAL OTHER						36,545.				36,545.	36,279.		0.	36,279.
	* 990 PAGE 10 TOTAL -						831,949.				831,949.	831,195.		0.	831,195.
	FURNITURE & FIXTURES														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	OFFICE EQUIPMENT	06/01/97	SL	5.00		16	2,836.				2,836.	2,836.		0.	2,836.
45	OFFICE EQUIPMENT	06/30/98	SL	5.00		16	4,013.				4,013.	4,013.		0.	4,013.
55	OFFICE EQUIPMENT	01/08/01	SL	5.00		16	1,750.				1,750.	1,575.		0.	1,575.
60	OFFICE EQUIPMENT	06/04/02	SL	5.00		16	1,237.				1,237.	1,237.		0.	1,237.
66	NEW COMPUTER	12/17/02	SL	5.00		16	2,197.				2,197.	2,197.		0.	2,197.
70	VIDEO SECURITY SYSTEM	08/01/02	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
71	LUCENT PHONE SYSTEM	05/01/02	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						21,033.				21,033.	20,858.		0.	20,858.
	* 990 PAGE 10 TOTAL -						21,033.				21,033.	20,858.		0.	20,858.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,344,890.				3,344,890.	2,737,798.		75,764.	2,813,562.
CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						3,331,164.			0.	3,331,164.	2,737,798.			2,812,468.
	ACQUISITIONS						13,726.			0.	13,726.	0.			1,094.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,344,890.			0.	3,344,890.	2,737,798.			2,813,562.
	ENDING ACCUM DEPR											2,813,562.			
	ENDING BOOK VALUE											531,328.			

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- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
67	DRIVEWAY SEALING & LINES	110102	SL	10.00	16	3,500.			3,500.	3,500.		0.
68	CARRIAGE HOUSE DONATIONS	090102	SL	10.00	16	7,850.			7,850.	7,850.		0.
69	CARPETING BUILDING	030102	SL	10.00	16	8,000.			8,000.	8,000.		0.
74	IMPROVEMENTS	031403	SL	10.00	16	10,673.			10,673.	10,673.		0.
75	EXTERIOR PAINTING	070303	SL	10.00	16	5,000.			5,000.	5,000.		0.
76	REPLACED BACK DECK	071103	SL	10.00	16	1,290.			1,290.	1,290.		0.
77	REMODELING	091203	SL	20.00	16	2,150.			2,150.	1,836.		108.
93	WINDOW TREATMENTS	061504	SL	10.00	16	800.			800.	800.		0.
97	PAINTING	040505	SL	10.00	16	1,100.			1,100.	1,100.		0.
98	INSTALLATION OF HANDICAP DOOR	040505	SL	10.00	16	2,950.			2,950.	2,950.		0.
99	PAINTING AND WALLPAPER	051105	SL	10.00	16	6,000.			6,000.	6,000.		0.
100	DESIGN SERVICES	070105	SL	10.00	16	2,999.			2,999.	2,999.		0.
101	BATHROOM RENOVATIONS	120605	SL	10.00	16	84,845.			84,845.	84,849.		0.
102	FRONT PORCH RENOVATIONS	122105	SL	10.00	16	4,459.			4,459.	4,460.		0.
103	OUTDOOR KITCHEN	061505	SL	10.00	16	15,000.			15,000.	15,000.		0.
104	CENTRAL AIR CONDITIONING	063005	SL	10.00	16	3,116.			3,116.	3,116.		0.
105	CARPETING	090105	SL	10.00	16	4,750.			4,750.	4,750.		0.

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- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	PAINTING	080105	SL	10.00	16	5,000.			5,000.	5,000.		0.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					169,482.		0.	169,482.	169,173.		108.
	FURNITURE & FIXTURES											
11	FURNITURE & FIXTURES	VARIES	SL	5.00	16	118,451.			118,451.	118,451.		0.
13	FURNITURE & FIXTURES	063093	SL	5.00	16	23,272.			23,272.	23,272.		0.
14	FURNITURE & FIXTURES	063094	SL	5.00	16	30,266.			30,266.	30,266.		0.
15	FURNITURE & FIXTURES	013195	SL	10.00	16	9,700.			9,700.	9,700.		0.
16	FURNITURE & FIXTURES	063095	SL	5.00	16	2,423.			2,423.	2,423.		0.
17	FURNITURE & FIXTURES	010197	SL	10.00	16	4,556.			4,556.	4,556.		0.
19	FURNITURE & FIXTURES	061297	SL	10.00	16	1,268.			1,268.	1,259.		0.
20	FURNITURE & FIXTURES	071797	SL	5.00	16	5,009.			5,009.	5,009.		0.
46	FURNISHINGS	063098	SL	5.00	16	1,738.			1,738.	1,738.		0.
48	FURNITURE & FIXTURES	063099	SL	10.00	16	1,127.			1,127.	1,015.		0.
51	FURNISHINGS	010100	SL	5.00	16	3,101.			3,101.	3,101.		0.
52	FURNISHINGS	063000	SL	5.00	16	2,168.			2,168.	2,168.		0.
53	FURNISHINGS	070300	SL	5.00	16	6,764.			6,764.	6,764.		0.
56	FURNISHINGS	040301	SL	5.00	16	559.			559.	532.		0.
57	FURNISHINGS	082801	SL	5.00	16	6,502.			6,502.	6,502.		0.

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- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	CARRIAGE HOUSE FURNITURE	090102	SL	5.00	16	18,832.			18,832.	18,832.		0.
73	DRAPES & BEDSPREADS	090102	SL	5.00	16	21,000.			21,000.	21,000.		0.
78	COMPUTERS AND PRINTERS	122003	SL	5.00	16	1,811.			1,811.	1,811.		0.
79	NORTH SHORE FUEL	070303	SL	5.00	16	2,500.			2,500.	2,500.		0.
80	NEUDORFER CHAIRS	081503	SL	5.00	16	5,847.			5,847.	5,847.		0.
81	REFRIDGERATION	081503	SL	5.00	16	1,500.			1,500.	1,500.		0.
82	8 SLEEPER SOFAS	102803	SL	5.00	16	6,000.			6,000.	6,000.		0.
83	DINING ROOM CHAIRS	081503	SL	5.00	16	1,770.			1,770.	1,770.		0.
84	COMPUTERS AND MONITOR	070303	SL	5.00	16	2,000.			2,000.	2,000.		0.
85	TABLES	070503	SL	5.00	16	3,897.			3,897.	3,897.		0.
86	CHAIRS	090103	SL	5.00	16	6,688.			6,688.	6,688.		0.
87	SLEEPER SOFA	090103	SL	5.00	16	6,000.			6,000.	6,000.		0.
88	DINING ROOM CHAIRS	090303	SL	5.00	16	4,710.			4,710.	4,710.		0.
89	AIR CONDITIONERS	102004	SL	5.00	16	1,100.			1,100.	1,100.		0.
90	AIR CONDITIONERS	060404	SL	5.00	16	2,280.			2,280.	2,280.		0.
91	AIR CONDITIONERS	102004	SL	5.00	16	3,617.			3,617.	3,617.		0.
92	LAMPS	031504	SL	5.00	16	2,250.			2,250.	2,250.		0.
95	OIL PAINTING	063004	SL	5.00	16	1,500.			1,500.	1,500.		0.



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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
96	WALL MIRROR	091604	SL	5.00	16	1,000.			1,000.	1,000.		0.
107	AIR CONDITIONER	070505	SL	5.00	16	2,504.			2,504.	2,504.		0.
108	FURNITURE & FIXTURES	062705	SL	5.00	16	8,700.			8,700.	8,700.		0.
109	LAUNDRY	021605	SL	5.00	16	1,498.			1,498.	1,498.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					323,908.		0.	323,908.	323,760.		0.
	TRANSPORTATION EQUIPMENT											
31	MOTOR VEHICLE	090190	SL	5.00	21	14,000.			14,000.	14,000.		0.
94	NEW VAN	061504	SL	5.00	21	30,000.			30,000.	30,000.		0.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					44,000.		0.	44,000.	44,000.		0.
	PROGRAM SERVICES											
110	DELL COMPUTER	052706	SL	5.00	16	1,636.			1,636.	1,636.		0.
111	LANDSCAPING	090806	SL	15.00	16	14,222.			14,222.	12,640.		948.
112	PLAYSTRUCTURE	101006	SL	15.00	16	4,696.			4,696.	4,147.		313.
113	OUTDOOR	101006	SL	15.00	16	4,696.			4,696.	4,147.		313.
113	TEEN ROOM FURNITURE	071806	SL	7.00	16	4,467.			4,467.	4,467.		0.
114	DRYER	100606	SL	7.00	16	1,210.			1,210.	1,210.		0.
115	LINENS & BLANKETS	121506	SL	7.00	16	3,899.			3,899.	3,899.		0.
116	ROOF REPAIR	080406	SL	10.00	16	84,400.			84,400.	84,400.		0.
117	A/C CONNECTION REPAIR	050406	SL	10.00	16	2,881.			2,881.	2,881.		0.

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118	FIRE PLACE REPAIR	080406	SL	10.00	16	1,345.			1,345.	1,345.		0.
119	WIRING OF NEW PANEL	020306	SL	20.00	16	1,354.			1,354.	946.		68.
120	WASHING MACHINES	061506	SL	5.00	16	1,000.			1,000.	1,000.		0.
121	SECURITY HARDWARE AND SOFTWARE	070106	SL	5.00	16	10,900.			10,900.	10,900.		0.
122	PORCH FURNITURE	063006	SL	7.00	16	6,500.			6,500.	6,500.		0.
123	APPLE COMPUTERS	071506	SL	5.00	16	3,600.			3,600.	3,600.		0.
124	ORIENTAL RUG	061506	SL	7.00	16	4,500.			4,500.	4,500.		0.
125	KEYCARD READER SYSTEM	053106	SL	5.00	16	6,500.			6,500.	6,500.		0.
126	WATERPROOF DECK	082807	SL	10.00	16	15,372.			15,372.	15,372.		0.
127	SECURITY SYSTEM	092807	SL	10.00	16	1,500.			1,500.	1,500.		0.
128	CARPET IN PLAYROOM	112007	SL	10.00	16	1,950.			1,950.	1,950.		0.
129	NEW A/C- MANAGERS APT	062607	SL	7.00	16	1,090.			1,090.	1,090.		0.
130	COMPUTER FOR DAWN	110807	SL	5.00	16	1,764.			1,764.	1,764.		0.
131	TELOSA SOFTWARE	121807	SL	3.00	16	2,635.			2,635.	2,635.		0.
132	VACCUMS	063007	SL	7.00	16	2,000.			2,000.	2,000.		0.
133	WASHING MACHINE, DRYER, DISHWASHER	063007	SL	7.00	16	1,317.			1,317.	1,317.		0.
134	COPY MACHINE, TONER	063007	SL	5.00	16	5,000.			5,000.	5,000.		0.
135	BACKYARD FURNITURE	063007	SL	7.00	16	5,881.			5,881.	5,881.		0.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
136	TV	063007	SL	7.00	16	3,068.			3,068.	3,068.		0.
137	LAMPS	063007	SL	7.00	16	1,539.			1,539.	1,539.		0.
138	MAIN HOUSE LAMPS	063007	SL	7.00	16	1,829.			1,829.	1,556.		0.
139	INSTALL AND PURCHASE OF NEW A/C	050208	SL	10.00	16	1,472.			1,472.	1,472.		0.
140	CIRCULATION PUMP	052008	SL	10.00	16	1,329.			1,329.	1,329.		0.
141	LEASEHOLD IMPROVEMENTS	062408	SL	10.00	16	3,300.			3,300.	3,300.		0.
142	INSTALL OF PULL STATION STOPPER COVER	070108	SL	10.00	16	4,866.			4,866.	4,866.		0.
143	EMERGENCY LIGHTING SYSTEM	092608	SL	10.00	16	1,500.			1,500.	1,500.		0.
144	INSTALL CIRCULATION PUMP	120208	SL	10.00	16	2,632.			2,632.	2,632.		0.
145	FURNITURE FOR FOYER	051508	SL	7.00	16	1,186.			1,186.	1,186.		0.
146	NEW CARPET	060308	SL	7.00	16	8,095.			8,095.	8,095.		0.
147	WASHER/DRYER AND RANGE	072308	SL	7.00	16	1,804.			1,804.	1,804.		0.
148	FURNITURE	081208	SL	7.00	16	1,186.			1,186.	1,186.		0.
149	LIVING ROOM SOFA	091608	SL	7.00	16	2,730.			2,730.	2,730.		0.
150	LIVING ROOM SOFA	091608	SL	7.00	16	998.			998.	998.		0.
151	ADD SHELVING TO STORE ROOM	102708	SL	7.00	16	2,121.			2,121.	2,121.		0.
152	ADD SHELVING AND RACKS	110208	SL	7.00	16	2,103.			2,103.	2,103.		0.
153	BEDROOM FURNITURE	123108	SL	7.00	16	11,695.			11,695.	11,695.		0.

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154	POST LIGHT FIXTURE AND INSTALL	111808	SL	15.00	16	3,052.			3,052.	2,250.		203.
155	SOFTWARE	031408	SL	5.00	16	247.			247.	247.		0.
156	WINDOWS	111208	SL	10.00	16	3,200.			3,200.	3,200.		0.
157	FURNITURE	071508	SL	5.00	16	3,000.			3,000.	3,000.		0.
158	VACUUM	071508	SL	5.00	16	2,000.			2,000.	2,000.		0.
159	LIGHTS	071508	SL	5.00	16	1,500.			1,500.	1,500.		0.
160	TV	071508	SL	5.00	16	300.			300.	300.		0.
161	ROOF ON PORCH	012009	SL	10.00	16	3,420.			3,420.	3,420.		0.
162	BOILER REPLACEMENT	020309	SL	10.00	16	11,332.			11,332.	11,332.		0.
163	PIPING REPLACEMENT	020309	SL	10.00	16	3,577.			3,577.	3,577.		0.
164	WINDOWS	020309	SL	5.00	16	3,175.			3,175.	3,175.		0.
165	BATHROOM RENOVATIONS	051809	SL	10.00	16	6,776.			6,776.	6,776.		0.
166	WATERMAIN REPLACEMENT	070609	SL	10.00	16	2,877.			2,877.	2,877.		0.
167	PIPING REPLACEMENT	112009	SL	10.00	16	3,606.			3,606.	3,606.		0.
168	BATHROOM RENOVATIONS	060209	SL	10.00	16	8,312.			8,312.	8,312.		0.
169	DEFIBULATORS	060209	SL	5.00	16	8,290.			8,290.	8,290.		0.
170	ALARMS	010609	SL	5.00	16	1,694.			1,694.	1,694.		0.
171	MATTRESSES	012109	SL	7.00	16	10,377.			10,377.	10,377.		0.

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172	NIGHT STANDS	052909	SL	7.00	16	1,361.			1,361.	1,361.		0.
173	BEDROOM FURNITURE	071309	SL	7.00	16	2,862.			2,862.	2,862.		0.
174	BEDROOM FURNITURE	120409	SL	7.00	16	4,691.			4,691.	4,691.		0.
175	COMPUTER	051909	SL	5.00	16	1,994.			1,994.	1,994.		0.
176	COMPUTER	100909	SL	5.00	16	2,171.			2,171.	2,171.		0.
177	COMPUTER	110809	SL	5.00	16	1,593.			1,593.	1,592.		0.
178	2 GAS BOILERS	082410	SL	10.00	16	19,500.			19,500.	18,200.		1,300.
179	FIRE PANELS	102010	SL	10.00	16	11,047.			11,047.	10,129.		918.
180	NEW CARPET	111910	SL	10.00	16	7,687.			7,687.	6,985.		702.
181	BUILDING IMPROVEMENTS	120110	SL	10.00	16	5,580.			5,580.	5,069.		511.
182	BUILDING IMPROVEMENTS	120110	SL	10.00	16	3,640.			3,640.	3,306.		334.
183	BUILDING IMPROVEMENTS	120110	SL	10.00	16	1,851.			1,851.	1,680.		171.
184	2 AIR CONDITIONERS	010310	SL	5.00	16	6,000.			6,000.	6,000.		0.
185	4 CHAIRS	040110	SL	7.00	16	2,516.			2,516.	2,516.		0.
186	36" LCD TV	122610	SL	5.00	16	1,500.			1,500.	1,500.		0.
187	LANDSCAPING	092110	SL	15.00	16	7,517.			7,517.	4,634.		501.
188	MAC TREK SOFTWARE	030410	SL	3.00	16	1,110.			1,110.	1,110.		0.
189	IMAC COMPUTER	110810	SL	5.00	16	1,500.			1,500.	1,500.		0.

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190	RUGS	042911	SL	10.00	16	4,367.			4,367.	3,787.		437.
191	A/C UNIT	081711	SL	10.00	16	1,483.			1,483.	1,233.		148.
192	DEHUMIDIFIERS (6)	081611	SL	7.00	16	1,443.			1,443.	1,443.		0.
193	CENTRAL VAC UNIT	102811	SL	7.00	16	1,626.			1,626.	1,626.		0.
194	ID SCANNER	061011	SL	5.00	16	2,444.			2,444.	2,444.		0.
195	COMPUTER BUILDING	092911	SL	5.00	16	1,343.			1,343.	1,343.		0.
196	IMPROVEMENTS BUILDING	071312	SL	10.00	16	5,481.			5,481.	4,110.		548.
197	IMPROVEMENTS BUILDING	071312	SL	10.00	16	55,604.			55,604.	41,700.		5,560.
198	IMPROVEMENTS	100912	SL	10.00	16	2,682.			2,682.	1,943.		268.
199	FURNISHINGS	101612	SL	7.00	16	1,614.			1,614.	1,614.		0.
200	FURNISHINGS BUILDING	120312	SL	7.00	16	1,115.			1,115.	1,115.		0.
201	IMPROVEMENTS BUILDING	081413	SL	10.00	16	6,076.			6,076.	3,901.		608.
202	IMPROVEMENTS BUILDING	102513	SL	10.00	16	2,136.			2,136.	1,320.		214.
203	IMPROVEMENTS	110513	SL	10.00	16	7,249.			7,249.	4,471.		725.
204	BUILDING	061413	SL	20.00	16	2,325.			2,325.	764.		116.
205	FURNISHINGS	061413	SL	7.00	16	1,511.			1,511.	1,422.		89.
206	FURNISHINGS	071213	SL	7.00	16	3,283.			3,283.	3,049.		234.
207	LANDSCAPING	091313	SL	15.00	16	1,407.			1,407.	595.		94.

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208	LANDSCAPING	100113	SL	15.00	16	2,453.			2,453.	1,025.		164.
209	LANDSCAPING	111913	SL	15.00	16	1,389.			1,389.	566.		93.
210	LANDSCAPING	081413	SL	15.00	16	20,065.			20,065.	8,585.		1,338.
211	COMPUTER	031313	SL	5.00	16	1,737.			1,737.	1,737.		0.
212	COMPUTER BUILDING	102113	SL	5.00	16	1,240.			1,240.	1,240.		0.
213	IMPROVEMENTS BUILDING	060714	SL	10.00	16	651.			651.	358.		65.
214	IMPROVEMENTS BUILDING	091214	SL	10.00	16	9,365.			9,365.	4,997.		937.
215	IMPROVEMENTS	120514	SL	10.00	16	2,232.			2,232.	1,134.		223.
217	FURNISHINGS	031014	SL	7.00	16	1,301.			1,301.	1,085.		186.
218	FURNISHINGS	061014	SL	7.00	16	5,579.			5,579.	4,450.		797.
219	FURNISHINGS	073114	SL	7.00	16	14,134.			14,134.	10,936.		2,019.
220	FURNISHINGS	080814	SL	7.00	16	3,828.			3,828.	2,963.		547.
221	FURNISHINGS	091214	SL	7.00	16	6,565.			6,565.	5,003.		938.
222	FURNISHINGS	110314	SL	7.00	16	26,024.			26,024.	19,210.		3,718.
223	FURNISHINGS	123014	SL	7.00	16	2,800.			2,800.	2,000.		400.
225	LAND IMPROVEMENTS	031414	SL	15.00	16	3,414.			3,414.	1,330.		228.
226	LAND IMPROVEMENTS	112614	SL	15.00	16	1,900.			1,900.	646.		127.

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227	OFFICE EQUIPMENT	080814	SL	5.00	16	2,199.			2,199.	2,199.		0.
228	BUILDING	010114	SL	20.00	16	1,133.			1,133.	342.		57.
229	FURNISHINGS	010114	SL	7.00	16	1,876.			1,876.	1,608.		268.
230	LAND IMPROVEMENTS	010114	SL	15.00	16	3,358.			3,358.	1,344.		224.
231	LAND IMPROVEMENTS	070113	SL	15.00	16	15,626.			15,626.	6,773.		1,042.
232	BUILDING IMPROVEMENTS	032615	SL	10.00	16	2,350.			2,350.	1,116.		235.
233	BUILDING IMPROVEMENTS	050115	SL	10.00	16	2,050.			2,050.	957.		205.
234	HVAC SYSTEM	052215	SL	10.00	16	17,915.			17,915.	8,213.		1,792.
235	HARDWOOD FLOOR BUILDING	083115	SL	10.00	16	2,700.			2,700.	1,170.		270.
236	IMPROVEMENTS	100215	SL	10.00	16	3,665.			3,665.	1,560.		367.
237	HIGH EFFICIENCY PROPERTY	100215	SL	10.00	16	31,800.			31,800.	13,515.		3,180.
238	COMMON AREA PROPERTY	112015	SL	10.00	16	1,420.			1,420.	580.		142.
239	FURNISHINGS	071615	SL	7.00	16	2,602.			2,602.	1,674.		372.
240	2 REFRIGERATORS	082115	SL	7.00	16	2,853.			2,853.	1,768.		408.
241	2 DISHWASHERS	120815	SL	7.00	16	1,436.			1,436.	837.		205.
242	SKYLIGHT	011816	SL	10.00	16	10,591.			10,591.	4,148.		1,059.
243	CAMERA SYSTEM	030116	SL	10.00	16	24,375.			24,375.	9,345.		2,438.
244	CARPETING	030116	SL	10.00	16	9,402.			9,402.	3,604.		940.



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245	PARKING DECK	061416	SL	10.00	16	9,840.			9,840.	3,526.		984.
246	CARPETING	070116	SL	10.00	16	3,877.			3,877.	1,358.		388.
247	AIR CONDITIONER	081216	SL	10.00	16	1,980.			1,980.	677.		198.
249	MANAGER'S KITCHEN RENOVATION	113016	SL	10.00	16	15,326.			15,326.	4,727.		1,533.
250	OFFICE EQUIPMENT	121316	SL	5.00	16	1,761.			1,761.	1,085.		352.
251	CARPETING	090817	SL	7.00	16	8,470.			8,470.	2,823.		1,210.
252	KITCHEN COUNTER	082217	SL	10.00	16	10,543.			10,543.	2,459.		1,054.
253	PLAY STRUCTURE	080117	SL	15.00	16	5,247.			5,247.	846.		350.
254	AT&T WIFI EQUIPMENT	072018	SL	5.00	16	7,732.			7,732.	2,190.		1,546.
255	AT&T WIFI EQUIPMENT	081518	SL	5.00	16	3,559.			3,559.	1,009.		712.
256	TEMP VALVE	101218	SL	10.00	16	2,019.			2,019.	252.		202.
257	AIR CONDITIONER	120718	SL	10.00	16	1,860.			1,860.	202.		186.
258	REFRIGERATOR	101519	SL	7.00	16	1,480.			1,480.	53.		211.
259	PIPE REPLACEMENT	061119	SL	10.00	16	2,326.			2,326.	136.		233.
260	PIPE REPLACEMENT	111219	SL	10.00	16	2,361.			2,361.	39.		236.
261	NEW CIRCULATOR MOTOR	042820	SL	10.00	16	1,225.			1,225.			82.
262	MG COMPRESSOR	062620	SL	10.00	16	1,576.			1,576.			79.
263	CARPETING	082120	SL	10.00	16	2,492.			2,492.			83.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
264	CARPETING	092520	SL	10.00	16	2,492.			2,492.			62.
265	SOFA	010220	SL	7.00	16	1,980.			1,980.			283.
266	SPRINKLER	092220	SL	15.00	16	1,325.			1,325.			22.
267	LAPTOP	020720	SL	5.00	16	2,636.			2,636.			483.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					843,251.		0.	843,251.	622,773.		50,483.
	BUILDINGS											
1	BUILDINGS	090779	SL	40.00	16	80,910.			80,910.	80,910.		0.
3	BUILDING	063094	SL	40.00	16	1006909.			1006909.	641,909.		25,173.
49	BUILDING	063000	SL	20.00	16	3,220.			3,220.	3,220.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					1091039.		0.	1091039.	726,039.		25,173.
	LAND											
41	LAND	090779	L			20,228.			20,228.			0.
	* 990 PAGE 10 TOTAL LAND					20,228.		0.	20,228.	0.		0.
	* 990 PAGE 10 TOTAL -					2491908.		0.	2491908.	1885745.		75,764.
	BUILDINGS											
2	BUILDING IMPROVEMENTS	VARI	ESSL	20.00	16	616,303.			616,303.	616,303.		0.
4	BUILDING IMPROVEMENTS	010197	SL	10.00	16	9,703.			9,703.	9,215.		0.
5	BUILDING IMPROVEMENTS	063097	SL	10.00	16	42,690.			42,690.	42,690.		0.

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- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
44	BUILDING IMPROVEMENTS	063098	SL	10.00	16	5,843.			5,843.	5,843.		0.
47	BUILDING IMPROVEMENTS	063099	SL	10.00	16	15,005.			15,005.	15,005.		0.
50	BUILDING IMPROVEMENTS	042800	SL	10.00	16	13,844.			13,844.	13,844.		0.
58	BUILDING IMPROVEMENTS	050102	SL	10.00	16	1,875.			1,875.	1,875.		0.
59	BUILDING IMPROVEMENTS	060402	SL	10.00	16	2,199.			2,199.	2,199.		0.
61	BUILDING IMPROVEMENTS	071702	SL	10.00	16	13,426.			13,426.	13,426.		0.
62	BUILDING IMPROVEMENTS	071702	SL	10.00	16	31,612.			31,612.	31,612.		0.
63	BUILDING IMPROVEMENTS	080602	SL	10.00	16	1,250.			1,250.	1,250.		0.
64	BUILDING IMPROVEMENTS	090402	SL	10.00	16	40,404.			40,404.	40,404.		0.
65	BUILDING IMPROVEMENTS	091002	SL	10.00	16	1,250.			1,250.	1,250.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					795,404.		0.	795,404.	794,916.		0.
	OTHER											
42	LAND IMPROVEMENTS	063094	SL	15.00	16	24,351.			24,351.	24,085.		0.
43	LAND IMPROVEMENTS	063097	SL	15.00	16	944.			944.	944.		0.
54	LAND IMPROVEMENTS	123101	SL	15.00	16	11,250.			11,250.	11,250.		0.
	* 990 PAGE 10 TOTAL OTHER					36,545.		0.	36,545.	36,279.		0.
	* 990 PAGE 10 TOTAL -					831,949.		0.	831,949.	831,195.		0.
	FURNITURE & FIXTURES											

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHILDREN'S ONCOLOGY SERVICES  
OF MASSACHUSETTS INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	OFFICE EQUIPMENT	060197	SL	5.00	16	2,836.			2,836.	2,836.		0.
45	OFFICE EQUIPMENT	063098	SL	5.00	16	4,013.			4,013.	4,013.		0.
55	OFFICE EQUIPMENT	010801	SL	5.00	16	1,750.			1,750.	1,575.		0.
60	OFFICE EQUIPMENT	060402	SL	5.00	16	1,237.			1,237.	1,237.		0.
66	NEW COMPUTER	121702	SL	5.00	16	2,197.			2,197.	2,197.		0.
70	VIDEO SECURITY SYSTEM	080102	SL	5.00	16	3,000.			3,000.	3,000.		0.
71	LUCENT PHONE SYSTEM	050102	SL	5.00	16	6,000.			6,000.	6,000.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					21,033.		0.	21,033.	20,858.		0.
	* 990 PAGE 10 TOTAL -					21,033.		0.	21,033.	20,858.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					3344890.		0.	3344890.	2737798.		75,764.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					3331164.		0.	3331164.	2737798.		
	ACQUISITIONS					13,726.		0.	13,726.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					3344890.		0.	3344890.	2737798.		