<u>_</u>		AMENDED RET					_ 1		
Form <b>990-T</b>	E	Exempt Orga				I ax Keturr	1	OMB N	No 1545-0687
· • • ·	_		nd proxy tax un	aer se		1812	/	2	018
200	For ca	lendar year 2018 or other tax yea	ar beginning	instructio	, and ending	mation	- 1		UIU
Department of the Treasury Internal Revenue Service	<b> </b>	Do not enter SSN numbe	•				. [	Open to P 501(c)(3) (	Public Inspection for Organizations Only
A Check box if		Name of organization (	Check box if name	changed	and see instructions.)		D Empl	loyer identi oloyees' tru	fication number
address changed		ALLIANCE FO	R CLINICAL	TRI	ALS IN ONCO	LOGY	instri	uctions)	
B Exempt under section	Print	FOUNDATION							164400 ness activity code
X 501(C)(3 )	Type	Number, street, and room					(See	instruction	s)
408(e) 220(e) 408A 530(a)					<del> </del>	<del></del>	┪		
529(a)		City or town, state or province, country, and ZIP or foreign postal code  CHICAGO, IL 60606							
C Book value of all assets at end of year		F Group exemption number	ber (See instructions.)	<b>&gt;</b>					
		G Check organization typ		prporation	1 501(c) trust	401(a	) trust		Other trust
H Enter the number of the		ition's unrelated trades or t	businesses. 🕨			e the only (or first) u			
trade or business here		ace at the end of the previous	us contonno completo (	Parte Lan		e, complete Parts I-V.			ie,
business, then complete			us sentence, complete r	-ails i aii	u II, complete a Scheuu	ie ivi ioi each additioi	iai traut	3 01	
I During the tax year, was			affiliated group or a par	ent-subs	idiary controlled group?	<b>•</b>	Y	es 「	No
		tifying number of the parer							
J The books are in care of						hone number 🕨 🤄		732-	
Part I Unrelated	d Trac	de or Business Inc	come		(A) Income	(B) Expense	<u>s</u>	<del> </del>	(C) Net
1a Gross receipts or sale			. 0-1	1.		,	,		
b Less returns and allow		A line 7)	] c Balance ▶	1c 2		<del></del>		<del>                                     </del>	··
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>		· ·	f	3		† · · · · · · · · · · · · · · · · · · ·		$\vdash$	
4a Capital gain net incon				4a		1			
• •	•	Part II, line 17) (attach Forn	n 4297)	4b					
c Capital loss deduction for trusts				4c	· · · · · · · · · · · · · · · · · · ·	'J	•	<del>                                     </del>	
		ship or an S corporation (a	ittach statement)	5		· · · · · ·		—	
6 Rent income (Schedu	•	(Cabadula E)		7		<del></del>		├	
7 Unrelated debt-financed income (Schedule E)						<del></del>		<del>                                     </del>	
<ul> <li>Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</li> <li>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</li> </ul>									
10 Exploited exempt activity income (Schedule I)									
11 Advertising income (S	11 Advertising income (Schedule J)								
	·- · · · · · · · · · · · · · · · · · ·					<del> </del>		——	
13 Total. Combine lines Part II Deductio	3 throu	<sub>igh 12</sub> ot Taken Elsewher	re (See instructions	13	0 .			<u> </u>	<del></del>
		utions, deductions must							
14 Compensation of off	icers, di	rectors, and trustees (Sche	edule K)			<del></del>	14		
15 Salaries and wages	·	,	,				15		
16 Repairs and mainten	nance						16	ļ	
17 Bad debts		pan					17_	<u> </u>	
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	idule) (s	ee instructions)	C=1/1-1	•			18	<del>├</del> ──	
	ons (Se	e instructions for limitation	rules)	•			19	├──	
21 Depreciation (attach		1071 140	R 16 2020 ;	ŧ	21		20		
		n Schedule Á and elsewher	re_on_return	_	22a		22b	<u> </u>	
23 Depletion			フログー	1			23		
24 Contributions to defe		•					24_	ــــــ	
25 Employee benefit pro	-						25	├	
	26 Excess exempt expenses (Schedule I) 27 Excess readers by pasts (Schedule I)						26	<del></del>	
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule)							28	<del>                                     </del>	
•	,								0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						•	30		0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31	<u> </u>	
		ncome. Subtract line 31 fro					32_	<u> </u>	0.
823701 01-09-19 LHA FC	or Papei	work Reduction Act Notice	e, see instructions.					Form	990-T (2018



Form 990-	T(2018) FOUNDATION 02-	0464400	Page 2
Part.		<u> </u>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes *Repealed under H.R. 1865. Further Consulidated Appropriations Act. 202	· · <del> </del>	0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	'` <del>                                    </del>	
•	Bass 92 and 24	38	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business texable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	<del>"  </del>	
-	anter the empiler of ware or fine 98	38	
Part	IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:	11:	
70	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41		41	<del></del>
42	Albana di sa mala langua Ang Albana and A	42	<del></del>
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part		. 1 44 1	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	1 11	<del></del>
- TO 6	Other prodict (one instructional	<b> </b> '	
	General business credit. Attach Form 3800		
đ		— <u>  "</u> ]	
	o Total credits. Add lines 45a through 45d	450	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8868 Other (attach eche	46	<u> </u>
47	Yetshire. Add lines 45 and 47 less instructions.		0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 nat 965 tax llability paid from Form 965-A or Form 985-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	· · · ·	
0	2018 estimated tax payments	<u> </u>	
0	Tax deposited with Form 8868	<del> </del>	
	f Foreign organizations; Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
0	· · · · · · · · · · · · · · · · · · ·	1.5	
	Form 4136 Other Total ► 50g		2 000
51	Total payments. Add lines 50a through 50g	51	3,989.
52	Estimated tax penalty (see instructions). Check If Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	2 200
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	3,989.
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax  VI: Statements Regarding Certain Activities and Other Information (see instructions)	▶   55	3,989.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Twat Line
90	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust		<del>-                                    </del>
37	If "Yes," see instructions for other forms the organization may have to file.	•	<del></del>
58	Enter the amount of tax-exempt interest received or accrued during the lax year		3.5
Sign		nowiscine and ballef it	le true.
	Under penalties of perjuy, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my kinder penalties of perjuy, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my kinder penalties. Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge.	nowledge and belief, it	le tue,
Here		May the IRS discus	sa this return with
Here		May the IRS discus	sa this return with below (see
Here	Under penalties of perjuly, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my a direct complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Title	May the IRS discussions the preparer shown instructions)?	sa this return with below (see
	Under penalties of perjury, I declare that I have examined this return, including eccompanying schedules and statements, and to the bast of my a dried complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    1	May the IRS discuss the preparer shown Instructions)? X	sa this return with below (see
Paid	Under penalties of perjury, I declars that I have examined this return, including accompanying schedules and statements, and to the bast of my to dried property (of the complete. Declaration of preparer (of the than texpayer) is based on all information of which preparer has any knowledge.    1	May the IRS discus the prepare shown Instructions)? X	es this return with below (see Y68 No
Paid Prepa	Under penalties of perjury, I declar that I have examined this return, including eccompanying schedules and statements, and to the bast of my to dried property (of the complete. Declaration of preparer (of the than taxpayer) is based on all information of which preparer has any knowledge.    Move   Signature   Signat	May the IRS discus the prepare shown Instructions)? X if PTIN oyed P005	sa thia return wilth a below (soe Y68 No
Paid	Under penalties of perjury, I declar that I have examined this return, including eccompanying schedules and statements, and to the best of my to dried penaltic Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    1	May the IRS discus the prepare shown Instructions)? X if PTIN oyed P005	es this return with below (see Y68 No
Paid Prepa	Under penalties of perjury, I declar that I have examined this return, including accompanying schedules and statements, and to the bast of my a dried complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    1	May the IRS discuss the preparer shown Instructional? X if PTIN byed P005	19 this return with a below (see   No   198   No   198
Paid Prepa	Under penalties of perjury, I declar that I have examined this return, including eccompanying schedules and statements, and to the bast of my the drawn of complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    1	May the IRS discuss the preparer shown Instructional? X if PTIN oyed P005 N ▶ 27-1  212-286	19 this return with a below (see   No   198   No   198

FOOTNOTES

STATEMENT 1

THE FORM 990-T HAS BEEN AMENDED DUE TO THE PASSAGE OF THE H.R. 1865 FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, WHICH WAS SIGNED INTO LAW ON DECEMBER 20, 2019. THE NEW LEGISLATION REPEALS THE TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) WHICH WAS ORIGINALLY PASSED AS PART OF THE TAX CUTS AND JOBS ACT (TCJA) AND IS RETROACTIVE TO THE DATE OF ENACTMENT. THEREFORE, LINE 34, AMOUNTS PAID FOR DISALLOWED FRINGES WAS CHANGED TO "0".