- Form	990-T	E	Exempt Organizati	on Bus	ines	s Income	e Tax	Return	1	OMB No 1545-0047			
		Ec. co	(and prox lendar year 2019 or other tax year beginning	y tax unde	er sect	ion 6033(e))		1412	-	2019			
	tment of the Treasury al Revenue Service	ļ	► Go to www irs gov/Fo Do not enter SSN numbers on this f						_	Open to Public Inspection for 501(c)(3) Organizations Only			
A [Check box if address changed	ĺ	Name of organization (Y	Empi (Empi	oyer identification number oyees' trust see ctions)			
	xempt under section	Print	FOUNDATION					· · · · · · · · · · · · · · · · · · ·		2-0464400			
X	501(C 1 3) Or Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions)					
<u>_</u>	408(e) 220(e)	.,,,,	125 S WACKER DRI						4				
	529(a)	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60606											
C Boo	C Book value of all assets at end of year F Group exemption number (See instructions.)									{			
G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other													
	Enter the number of the organization's unrelated trades or businesses.												
	trade or business here If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or												
			· ·	e, complete Par	ts I and I	i, complete a Sch	edule M tol	r each addition	nai trade	Of			
	siness, then complete		oration a subsidiary in an affiliated gr	Oup or a paren	t cubcidis	ry controlled are	un2		Ye	s No			
		•	tifying number of the parent corporation		r-subsidio	iry controlled gro	up·			5 NO			
			OHRUVA GOLLERKERI	<u> </u>			elephone n	umber 🕨 6	517-	732-7898			
			de or Business Income			(A) Income		(B) Expense		(C) Net			
1 a	Gross receipts or sale	s						, , , ;	.0				
b	Less returns and allow	wances	c Balance	e ▶	10			* * * *	, in	ili in			
2	Cost of goods sold (S	chedule	A, line 7)		2		,	·	فتستن فينست المستناءة				
3	Gross profit. Subtract	om line 1c	3			4. 3. 100							
4 a	Capital gain net incon	ne (attac	h Schedule D)		_4a		فرن						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b			<u> </u>					
	Capital loss deduction				4c			- 4-					
	Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C)							<u></u>					
	Rent income (Schedule C)												
7 8	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)												
	•		8										
	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)						_						
	Advertising income (S	-	· ·	ļ	11								
	Other income (See ins		·		12								
13	Total. Combine lines	3 throu	gh 12		13		0.						
Pa			t Taken Elsewhere (See in				ns)						
∑	(Deductions	must b	e directly connected with the unr	elated busine	ess incor	ne) —————————							
14	•	icers, dir	rectors, and trustees (Schedule K)						14				
⇒ 15 > 40	Salaries and wages			REC[]	VED				15				
16	Repairs and mainten	ance	2	00= 0.0					16				
· 17 : 18	Bad debts Interest (attach sche	dula) /cc	ee instructions)	OCT 2 3	2020	[일			17				
18 19	Taxes and licenses	uule) (St	L		·	_[2]			19				
20	Depreciation (attach	Form 45	562)	OGDEN	l. UT	20							
21			Schedule A and elsewhere on return			21a			21b				
22	Depletion								22				
23	Contributions to defe	erred cor	mpensation plans						23				
24	Employee benefit pro	ograms							24				
25	Excess exempt expenses (Schedule 1)								25				
26	Excess readership costs (Schedule J)								26				
27	Other deductions (attach schedule)							27	0.				
28 20	Total deductions. Add lines 14 through 27 Upraisted business tayable income before not operating loss deduction. Subtract line 28 from line 12								28	0.			
29 30	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018								29	<u>.</u>			
30	(see instructions)	J. WINING 1	555 Serong in tax your o boginning on t	unoi ouriour	, ,, _0 10				30	0.			
31	` '	axable ır	ncome. Subtract line 30 from line 29					_	31	0.			
			work Reduction Act Notice, see instr	uctions						Form 990-T (2019)			

Form 996	O-T (2019)	ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY FOUNDATION	02-04644	00 Page 2
Part	111	Total Unrelated Business Taxable Income		
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amoun	ts paid for disallowed fringes	33	
34	Charita	ble contributions (see instructions for limitation rules)	34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39		ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
•		ne smaller of zero or line 37	39	0.
Part		Tax Computation		
40		zations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	-40	
71		ax rate schedule or Schedule D (Form 1041)	41	
40			41	
42		ax See instructions	42	
43		tive minimum tax (trusts only)	43	
44		Noncompliant Facility Income See instructions	44	
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments		
		tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
p	Other c	redits (see instructions)	ĺ	
C		l business credit. Attach Form 3800		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	İ	
е	Total c	redits Add lines 46a through 46d	46e	
47	Subtrac	ct line 46e from line 45	47	0.
48	Other to	axes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total ta	x Add lines 47 and 48 (see instructions)	49	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		nts: A 2018 overpayment credited to 2019		
b	2019 es	stimated tax payments 3,915.		
		posited with Form 8868		
		organizations' Tax paid or withheld at source (see instructions) 51d	1	
		withholding (see instructions) 51e	*	
	-	or small employer health insurance premiums (attach Form 8941) 511	ļ	
		redits, adjustments, and payments: Form 2439	1	
y				
52		orm 4136 Other Total ► 51g 1 2 2 2 2 2 2 2 2 2	40 1	,384.
		ed tax penalty (see instructions). Check if Form 2220 is attached		, 304.
		· · · · · · · · · · · · · · · · · · ·	543	
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	201
		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		,384.
56 Part		ne amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	56 4	,384.
			 	
		rime during the 2019 calendar year, did the organization have an interest in or a signature or other authority	F-7	es No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1 1
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		4 *
	here	P		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Į.	X
		see instructions for other forms the organization may have to file	1	
<u>59</u>		e amount of tax-exempt interest received or accrued during the tax year \$ \$		the the
Qia-	1	nder penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledg prect, ang complete. Declaration of pjeparer (other than taxpayer) is based on all information of which preparer has any knowledge	e and belief it is true,	
Sign	1.	May reach short from the many	the IRS discuss this re	turn with
Here		PRESIDENT the	preparer shown below (s	
		Signature of officer Date Title	ructions)? X Yes	No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid Preparer Use Only		self- employed		
		GARRETT M. HIGGINS North m High 10/16/20	P005432	
		Firm's name ▶ PKF O'CONNOR DAVIES, LLP Firm's EIN ▶	27-1728	945
	3	665 FIFTH AVENUE		. <u></u> -
		Firm's address ► NEW YORK, NY 10022 Phone no. 21	L2-286-26	00
923711 (01-27-20		Form 990	