gs.					100	1	
. *. Form 990-T	l F	Exempt Organization Bus	sine	ss Income T	ן ין ∪ ץ ax Retur	ノ 'n	OMB No 1545-0687
Form 990-1	<u> </u>	(and proxy tax und	er se	ection 6033(e))	ux i ictui	••	0040
	For cale	endar year 2018 or other tax year beginning $\overline{ extstyle JUL}$ $\overline{ extstyle 1}$,				19	2018
Department of the Treasury Internal Revenue Service	▶	► Go to www irs gov/Form990T for ir Do not enter SSN numbers on this form as it may				3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		Em (Em	bloyer identification number ployees' trust, see ructions)
B Exempt under section	Print	CHILDREN'S CANCER RESE	ARC	H FUND			11-1893645
X 501(c) 3)	_ or	Number, street, and room or suite no. If a P O box	x, see II				elated business activity code
408(e) 220(e)	Type	7301 OHMS LANE, NO. 35	5				,
408A530(a)		City or town, state or province, country, and ZIP o		n postal code			2004
529(a) C Book value of all assets		MINNEAPOLIS, MN 55439 F Group exemption number (See instructions.)	_			900	0004
13,924,0	07.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401	(a) trust	Other trust
		tion's unrelated trades or businesses.	1		he only (or first)		
trade or business here	SE	EE STATEMENT 1		. If only one, o	complete Parts I-	V. If mor	e than one,
describe the first in the b	lank spac	ce at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a Schedule	M for each additi	onal trac	de or
business, then complete						т.	. TZ
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	•	Y	es X No
J The books are in care of		Infying number of the parent corporation		Telenho	ne number 🕨	952-	-893-9355
		de or Business Income		(A) Income	(B) Expens		(C) Net
1 a - Gross receipts or sale			Ι				
b Less returns and allow	wances	c Balance ▶	10				
2 Cost of goods sold (S	Schedule	A, line 7)	2				
3 Gross profit Subtract	t line 2 fro	om line 1c	3				
4a Capital gain net incon	•	•	4a				
		art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c 5				
5 Income (loss) from a6 Rent income (Schedu		thip or an S corporation (attach statement)	6				
7 Unrelated debt-finance	•	ne (Schedule E)	7				
		nd rents from a controlled organization (Schedule F)	8				
9 Investment income of	f a section	n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt acti	vity incor	me (Schedule I)	10				
11 Advertising income (S			11				
12 Other income (See ins			12	0.	-		
13 Total. Combine lines Part II Deductio		gn 12 o t Taken Elsewhere (See instructions fo					
		itions, deductions must be directly connected			income)		
· ·	ficers, dir	ectors, and trustees (Schedule K)		RECEIVE	D _	14	
15 Salaries and wages			1	<u> </u>		15	
16 Repairs and mainten	nance			5 OCT 1 6 201	9 08	16 17	
17 Bad debts18 Interest (attach sche	dule) (se	ee instructions)				18	<u> </u>
19 Taxes and licenses	,aaio) (00	on mon donority		OGDEN, U	IT I	19	<u> </u>
	ons (See	instructions for limitation rules)	L			20	
21 Depreciation (attach	Form 45	662)		21			
22 Less depreciation cla	aımed on	Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defe		mpensation plans				24	
25 Employee benefit pro		shedule IV				25	
26 Excess exempt expe27 Excess readership co						27	
28 Other deductions (at		•				28	-
29 Total deductions A		-				29	0.
		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	0.
31 Deduction for net op	erating lo	oss arısıng ın tax years begınnıng on or after Janua				31	
	_	ncome. Subtract line 31 from line 30				32	0.
823701 01-09-19 LHA FO	or Paperv	work Reduction Act Notice, see instructions.					Form 990-T (2018)

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	•	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36		38		0.
Part I	V 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):			
	Tax rate schedule or Schedule D (Form 1041)		40		
41	Proxy tax. See instructions		► 41		
42	Alternative minimum tax (trusts only)		42		
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 \			44		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
			┥		
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		\dashv		
C	General business credit. Attach Form 3800 45c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)	 			
	Total credits Add lines 45a through 45d		45e		0.
46	Subtract line 45e from line 44		46		<u> </u>
47		(attach schedule			
48	Total tax Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
	Payments: A 2017 overpayment credited to 2018		_		
	2018 estimated tax payments 50b		⊣		
C	Tax deposited with Form 8868		-		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		ᆜ		
е	Backup withholding (see instructions) 50e		_		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g	Other credits, adjustments, and payments: Form 2439				
	☐ Form 4136 ☐ Other ☐ Total ► 50g				
51	Total payments. Add lines 50a through 50g		51		
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		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54		
55		efunded >	▶ 55		
Part \	/I Statements Regarding Certain Activities and Other Information (see instr	uctions)		-	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr				
	here >	•			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreign trust?		_	X
٠,	If "Yes," see instructions for other forms the organization may have to file.	oroigii traot			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and t	the best of my k	nowledge and b	elief, it is true,	<u>—</u>
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	edge			
Here	1/9/19 ▶ CEO		-	cuss this return	with
	Signature of officer Date Title		the preparer shinstructions)?		¬ No
		Chook		A2 169	
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN		
Paid	CPA Sinda M. NELSON, Sinda M. Delson 10/3/19	self- employe		205557	
Prepa	rer	T =:=		205567	
Use C	Inly Firm's name ►OLSEN THIELEN/& CO., LTD	Firm's EIN	▶ 41-	136083	1
	2675 LONG LAKE ROAD		C = 4 . 4	2 4524	
	Firm's address ► ST. PAUL, MN 55113	Phone no.	651-48	3-4521	<u> </u>

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation 🕨 N/A	1				
1 Inventory at beginning of year	1		6 Inventory at end of year		6			
2 Purchases	2		7 Cost of goods sold. S	ine 6				
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2					
(attach schedule)	8 Do the rules of section	8 Do the rules of section 263A (with respect to Yes No						
b Other costs (attach schedule)	4b		property produced or					1
5 Total. Add lines 1 through 4b	5		the organization?	•	,,			-
Schedule C - Rent Income		Property and		Lease	ed With Real Pro	pert	(v)	'
(see instructions)	•		, ,			•	••	
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than than	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	tage f	3(a)Deductions directly columns 2(a) a	y conne nd 2(b) (cted with the income (attach schedule)	in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total	_	0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	instructions)	-				
		,			Deductions directly cor to debt-finance			
• -			Gross income from or allocable to debt-	(a)	Straight line depreciation		(b) Other deductio	ne -
1. Description of debt-fit	nanced property		financed property	'-'	(attach schedule)		(attach schedule)	
							·	
(1)						<u> </u>		
(2)								
(3)								
(4)				 		_		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)			%					
(2)			%			1		
(3)	·		%			$\neg \neg$		
(4)	· · · · · · · · · ·		%	1				
			<u> </u>		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column	
						ŀ	, <i>1</i> , cold!!!!!	
Totals	-1 -1 -1		•		0	+		0.
Total dividends-received deductions in	ciuded in columr	18			>	<u> </u>		0.

Schedule F - Interest,	Annuities, Roy	/alties, ai	nd Kent	s From C	ontrolle	ed Organiz	atio	ns (see ins	struction	ns)
		-	Exempt	Controlled O	rganızatı	ons		-		
Name of controlled organizat	ıde	Employer httfication number	3 Net uni (loss) (see	related income a instructions)		al of specified nents made	includ	rt of column 4 led in the cont ration's gross	rolling	6. Deductions directly connected with income in column 5
(1)			<u> </u>							
(2)			1			· · · · · ·	\vdash			
(3)			— —							
(4)										
Nonexempt Controlled Organii	zations		<u> </u>				<u> </u>			
7. Taxable Income	8. Net unrelated in	come (loss)	0 Total	of specified pay	nente T	10. Part of colu	nn Q the	it is included	11 D	eductions directly connected
, Taxabio ilicollic	(see instruct		3 , 10tai	made	licino	in the controlli	ng orga income	nızatıon's		h income in column 10
(1)										
(2)										
(3)										
(4)					1					
2.7			•			Add colun Enter here and line 8, c		e 1, Part I,	i	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		a Section	1 501(c)(7), (9), or	(17) Or	ganization	1	~.		
1 Descr	ription of income			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)		_								
			_	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited (see instru	•	ity Incom	ne, Othe	r Than Ac		ng Income)			
		3		4. Net incon	ne (loss)	_				7 Excess exempt
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pri	penses connected oduction related is income	from unrelated business (co minus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses able to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1) WEB SALES		-			····					
(2)		+		<u> </u>				<u> </u>		1
(2) (3) (4)					İ					
(4)					t t					
(4)	Enter here and on page 1, Part I, line 10, col (A)	page .	ere and on 1, Part I, , col (B)					l.		Enter here and on page 1, Part II, line 26
Totals	0		0.							0.
Schedule J - Advertisii	ng Income (se	e instruction	ns)							-
Part I Income From I				solidated	Basis		-			
1. Name of periodical	2. Gross advertisin income	g adv	3. Direct ertising costs	4 Advertor (loss) (cool 3) If a good cols 5 th		5. Circulate		6 Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			-]						
(3)				7	•]
(4)		<u> </u>	··							1
Totals (carry to Part II, line (5))		0.	0							0.

Page 5

0.

LOUIT BAD-1 (SO 19) CUTTDKEN					41-103304	±J raye :
Part II Income From Perio			rate Basis (For eac	h periodical liste	ed in Part II, fill in	
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		•	0.

0.

Form 990-T (2018)

Totals, Part II (lines 1-5)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

MAILING LIST SALES TO FOR-PROFIT BUSINESSES

TO FORM 990-T, PAGE 1

FORM 990-T	NET	STATEMENT	2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/05	1,286.	1,286.	0.		0.
06/30/06	15,319.	7,551.	7,768.	7,768	8.
06/30/07	7,466.	0.	7,466.	7,460	6.
06/30/11	0.	0.	0.	(0.
06/30/12	0.	0.	0.	(0.
06/30/13	0.	0.	0.	(0.
06/30/14	0.	0.	0.	(0.
06/30/15	0.	0.	0.	(0.
NOL CARRYO	VER AVAILABLE THIS	YEAR	15,234.	15,234	4.