Form ,990-T	E	Exempt Organization Bus	sine	ss Income T	ax Returr	1	OMB No 1545-0047
ه, ه		(and proxy tax und					2040
'¢	For ca	lendar year 2019 or other tax year beginning $\overline{\mathtt{JUL}\ 1}$,				9	2019
Department of the Treasury		Go to www.irs gov/Form990T for in					Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbers on this form as it may			ation is a 50 i(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number
A Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	oloyees' trust, see ructions)
B Exempt under section	Print	CHILDREN'S CANCER RESE	ARC	H FUND	·		11-1893645
X 501(c)(3 %	Type	Number, street, and room or suite no. If a P.O. box		nstructions.			elated business activity code instructions)
408(e) 220(e)	',,,,	7301 OHMS LANE, NO. 35					
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code			2004
529(a)		MINNEAPOLIS, MN 55439				900	0004
C Book value of all assets at end of year		F Group exemption number (See instructions.)	>	-	T 1404/->	. A = A	l Out and town at
9,407,3	ZI.	G Check organization type X 501(c) corp	oration	1 501(c) trust	401(a)		Other trust
H Enter the number of the	organiza	thon's unrelated trades or dusinesses.	<u>т</u>	Describe	the only (or first) un		
		EE STATEMENT 1		· · · · · · · · · · · · · · · · · · ·	complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	iris i ai	ia ii, compiete a Schedule	IVI for each addition	iai ii au	ie Oi
business, then complete		-v. poration a subsidiary in an affiliated group or a parei	at-cubo	idiany controlled group?			es X No
		tifying number of the parent corporation.	เเ-อนมอ	idiary conditioned group.			CO LEE NO
J The books are in care of				Telepho	one number 🕨 9	52-	-893-9355
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			1				·
b Less returns and allo		c Balance ▶	1c				
2 Cost of goods sold (S		A, line 7)	2				
,3 Gross profit. Subtract			3				
4a Capital gain net incon	ne (attac	h Schedule D)	4a	-			
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
6 Rent income (Schedu			6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7		 ::		
		and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$				
10 Exploited exempt acti	-	•	10				
11 Advertising income (•	11				
12 Other income (See in		•	12	0.			
13 Total. Combine lines			13				<u> </u>
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing the connected busing the connected with the unrelated busing the connected bu					
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)			7	14	
15 Salaries and wages				KECFINED		15	
16 Repairs and mainter	nance	\ _C	, [,		16	
17 Bad debts		ee instructions)		IVIDA A A A A A A A A A A A A A A A A A A		17	
18 Interest (attach sche	edule) (s	ee instructions)	'		21	18	
19 Taxes and licenses				GDEN 10T	1	19	
20 Depreciation (attach		,			<u> </u>		-
	aimed o	n Schedule A and elsewhere on return		21a		21b	
22 Depletion						22	
23 Contributions to def		mpensation plans				23	
24 Employee benefit pr	•	phodule IX				24	-
25 Excess exempt expe	•	•				26	
26 Excess readership c	•	•				27	
27 Other deductions (a28 Total deductions. A						28	0.
		ncome before net operating loss deduction. Subtrac	t line 9	8 from line 13		29	0.
		loss arising in tax years beginning on or after Janua					1
(see instructions)	, or a urry	ious arising in an years beginning on or arisi bands	., , , , , ,			30	0.
, ,	taxable ı	ncome. Subtract line 30 from line 29				31	0.

CHANGE OF ACCOUNTING PERIOD

SCANNED FFB 0 3 2021

•	CHILDREN'S	CANCED	DECEMBAR	DIDID
Form 990-T (2019)	CHILDREN S	CANCER	RESEARCH	PUNI

D		Fotal Unveloped Divisions Toyable Income					
Part		Total Unrelated Business Taxable Income		- -			
32	Total of	'unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	2		0.
33	Amoun	ts paid for disallowed fringes		33	3		
34	Charital	ole contributions (see instructions for limitation rules)	34	4		0.	
35	Total u	35	5				
		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 e on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	8		0.
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	-		
		·		38	_	1,0	$\overline{\Omega}$
	-	deduction (Generally \$1,000, but see line 38 instructions for exceptions)		-30	' 	1,0	00.
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		l	_		^
		e smaller of zero or line 37		39	}		0.
Part	IV	Fax Computation			·- · · · · · · · · · · · · · · · · · ·		
40	Organi	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40)		0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
	П Та	ax rate schedule or Schedule D (Form 1041)		41	1		
42	Proxy t	ax. See instructions		42	2		
	-	ive minimum tax (trusts only)	-	43	3		
		Noncompliant Facility Income See Instructions		44			
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
		Tax and Payments			' 		
Part							
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		4			
b	Other c	redits (see instructions)		4			
C	General	business credit. Attach Form 3800		_			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		⅃ —			
е	Total c	redits Add lines 46a through 46d		46	e		
47	Subtrac	t line 46e from line 45		47	7		0.
48	Other ta	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	nedule)	48	3		
		ix. Add lines 47 and 48 (see instructions)		49	<u> </u>		0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			0.
		1		<u> </u>			
	-			4			
		stimated tax payments 51b		-			
		osited with Form 8868		⊣			
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		┙			
e	Backup	withholding (see instructions) 51e					
f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f					
g	Other c	redits, adjustments, and payments: Form 2439					
	Fo	orm 4136 ☐ Other Total ▶ 51g		l			
52	Total o	ayments. Add lines 51a through 51g		52	2		
	•	ed tax penalty (see instructions). Check if Form 2220 is attached		53	3		
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54			
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55			
	•	e amount of line 55 you want: Credited to 2020 estimated tax		56			
					,		
Part		Statements Regarding Certain Activities and Other Information (see instructions)				11/-	- 14 ·
	-	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No .
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here						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?)				X
	If "Yes,"	see instructions for other forms the organization may have to file.					1
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲					
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my kno	owledg	je and belief, it i	s true,	
Sign	co	rrect, and complete Declaration of another (other than taxpayer) is based on all information of which preparer has any knowledge					
Here		5/1/2020 N CEO		•	e IRS discuss the parer shown belo		with
		Signature of officer Date Title				es	No
		9			PTIN		
		Print/Type preparer's name Preparer's signature Date Check I			1 IIV		
Paid		LINDA M. NELSON, Linda N. Delson 4/24/20 self-em	hiosea		DUUJUE	. E C 7	
Prep	arer	CPA CPA			P00205		
Use	Only	Firm's name ► OLSEN THIELEN & CO., LTD Firm's	FIN D		41-136	003	<u>т</u>
	-	2675 LONG LAKE ROAD			400 4	^ -	
		Firm's address ► ST. PAUL, MN 55113 Phone	no. (<u>o51</u>	<u>-483-4</u>		
923711	01-27-20				Form 9	90-T	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold S	ubtract l	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Pro	perty)		
1 Description of property								
(1)								_
(2)								
(3)	-							
(4)								
		ed or accrued			3(a) Deductions directly	connected with	the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) an	d 2(b) (attach sci	nedule)	
(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 Det	ot-Financed	l Income (see	instructions)					_
			2 Gross income from or allocable to debt-		3. Deductions directly coni to debt-finance	ed property		
1. Description of debt-fir	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		er deductions h schedule)	
(1)		_		†				
(2)								_
(3)		-						_
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deduction x total of colum a) and 3(b))	
(1)			%		 			
(2)			%					
(3)			%					
(4)			%					_
					nter here and on page 1, art I, line 7, column (A)		and on page 1 7, column (B)	
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	ı 8			>			0.

Schedule F - Interest, /	Annuities	s, Roya	lties, ar	nd Rent	s From C	ontroll	ed Organiz	zatio	ns (see in:	structio	ons)
				Exempt	Controlled O	rganızatı	ions	•			
1. Name of controlled organizat	ion	2. Em identif num	cation		related income a instructions)		tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
				<u> </u>							
(2)											•
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		related incor e instruction		9 Total	of specified pay made	ments	10. Part of column the controll gross	mn 9 tha ing orga s income	nization's		Deductions directly connected th income in column 10
(1)											
(2)					········						
(3)											
(4)			•					_			
							Add colum Enter here and line 8, c		e 1, Part I,	I	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>	-		0.		0
Schedule G - Investme (see instr		ne of a	Section	501(c)((7), (9), or	(17) Oı	ganization	1			
1. Descr	iption of incom	19			2 Amount of	ıncome	3. Deduction directly connect (attach scheduler)	cted	4. Set-	-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 Part I, line 9, column (B)
Totals				>		0.					0
Schedule I - Exploited (see instru		Activity	/ Incom	e, Othe	r Than Ac	lvertisi	ing Income	•			
1. Description of exploited activity	2. Grunrelated burnelated burnela	usiness from	directly of with pro of unr	penses connected oduction elated s income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelate business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) WEB SALES			_								
(2)						·					
(2) (3) (4)											
(4)											
	Enter here page 1, line 10, c	Part I, of (A)	page 1	re and on I, Part I, col (B)	-						Enter here and on page 1, Part II, line 25
Totals		0.		0.	ļ <u> </u>						0
Schedule J - Advertision											
Part I Income From I	Periodica	als Rep	orted o	n a Con	isolidated	l Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(1) (2) (3) (4)											_
(3)											_
(4)											
Totals (carry to Part II, line (5))	•		0	0							0

	_ , , ,				
Part II	Income From Period	licals Reported on a	Separate Basis	(For each periodical l	isted in Part II, fill in
	columns 2 through 7 on a	ine-by-line basis)			

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 26
Totals, Part II (lines 1-5)	ightharpoonup	0.	0.		• • •		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.

Form 990-T (2019)

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	OPERATING LOSS	DEDUCTION	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.
06/30/07	7,466.	0.	7,466.	7,466.
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 CARRYOV	ER AVAILABLE THIS	YEAR	15,234.	15,234.