

# Public Inspection Copy

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

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable:  Address change Name change Initial return Terminated Amended return Application pending	<b>C</b> Name of organization <b>CHILDREN'S CANCER RESEARCH FUND</b>		<b>D</b> Employer identification number <b>41-1893645</b>	
	Doing Business As		<b>E</b> Telephone number <b>952-893-9355</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7301 OHMS LANE 460</b>			
	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55439</b>		<b>G</b> Gross receipts \$ <b>9,112,368.</b>	
	<b>F</b> Name and address of principal officer: <b>JOHN HALLBERG SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>J</b> Website: ▶ <b>WWW.CHILDRENSCANCER.ORG</b>		<b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L</b> Year of formation: <b>1997</b>	<b>M</b> State of legal domicile: <b>MN</b>

### Part I Summary

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>FUND RESEARCH TO PREVENT &amp; CURE CHILDHOOD CANCERS, PROVIDE PATIENT SERVICES AND SUPPORT EDUCATION</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>33</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>23</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>397</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>8,158,621.</b>	<b>6,746,001.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>150,934.</b>	<b>639,257.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>992,085.</b>	<b>338,396.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,301,640.</b>	<b>7,723,654.</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,663,964.</b>
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,479,840.</b>	<b>1,703,680.</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>372,000.</b>	<b>0.</b>
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,739,860.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,686,757.</b>	<b>1,997,140.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,202,561.</b>	<b>7,522,530.</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>-900,921.</b>	<b>201,124.</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>8,103,968.</b>	<b>8,511,056.</b>
	21	Total liabilities (Part X, line 26)	<b>4,787,196.</b>	<b>4,673,970.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>3,316,772.</b>	<b>3,837,086.</b>

### 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>JOHN HALLBERG, CEO</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LINDA M. NELSON</b>	Preparer's signature <i>Linda M. Nelson</i>	Date <b>11/21/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00205567</b>
	Firm's name ▶ <b>OLSEN THIELEN &amp; CO., LTD</b>	Firm's EIN ▶ <b>41-1360831</b>		Phone no. <b>651-483-4521</b>	
Firm's address ▶ <b>2675 LONG LAKE ROAD ST. PAUL, MN 55113</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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**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:  
CHILDREN'S CANCER RESEARCH FUND (CCRF) INVESTS IN LIFESAVING RESEARCH IN THE PREVENTION, DIAGNOSIS, TREATMENT, CURE AND SURVIVORSHIP OF CHILDHOOD CANCERS AND RELATED DISEASES, PROVIDES PATIENT AND FAMILY SUPPORT SERVICES, AND EDUCATES THE PUBLIC ABOUT CHILDHOOD CANCER AND

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 \$ 3,131,886. including grants of \$ 3,131,886.) (Revenue \$ 0.)  
RESEARCH PROGRAM  
CHILDREN'S CANCER RESEARCH FUND PROVIDES FUNDING TO ACCELERATE PEDIATRIC CANCER RESEARCH THAT LEADS TO NEW STANDARDS OF CARE AND BETTER OUTCOMES FOR CHILDREN DIAGNOSED WITH CANCER. JUST AS PAST RESEARCH SUPPORT IS CURING CHILDREN TODAY, THE INVESTMENTS MADE NOW ARE HELPING PEDIATRIC CANCER FAMILIES OF THE FUTURE AND PHYSICIANS AND RESEARCHERS WHO WILL MAKE THE NEXT IMPORTANT DISCOVERY.

RESEARCHERS WHO HAVE RECEIVED FUNDING SUPPORT FOR THEIR PROJECTS IN THE PAST YEAR ARE MAKING GREAT STRIDES. A COLLABORATION ACROSS FOUR DIFFERENT TEAMS HAS RESULTED IN IDENTIFICATION OF INHERITED GENE VARIATIONS THAT INCREASE THE RISK OF OSTEOSARCOMA AND IN PARTICULAR,

4b (Code: ) (Expenses \$ 1,747,948. including grants of \$ 305,596.) (Revenue \$ 0.)  
EDUCATION AND AWARENESS PROGRAM:  
AS PART OF OUR MISSION, CHILDREN'S CANCER RESEARCH FUND PROVIDES INFORMATION AND EDUCATION TO THE PUBLIC, PEDIATRIC CANCER FAMILIES AND PHYSICIANS AND RESEARCHERS.

WE PROVIDE EDUCATIONAL CONTENT THROUGH OUR WEBSITE, SOCIAL MEDIA CHANNELS AND PRINT PUBLICATIONS. LAST FISCAL YEAR, MORE THAN 350,000 VISITS WERE MADE TO THE WEBSITE AND ON AVERAGE, OUR WEEKLY SOCIAL MEDIA POSTS GO OUT TO MORE THAN 40,000 FANS AND FOLLOWERS. IN ADDITION, MORE THAN 6,000 DONORS AND SUPPORTERS RECEIVED OUR NEWSLETTER THREE TIMES DURING THE COURSE OF THE YEAR, AND ANOTHER 2,000 RECEIVED THE ANNUAL REPORT.

4c (Code: ) (Expenses \$ 513,609. including grants of \$ 384,228.) (Revenue \$ 0.)  
PATIENT AND FAMILY SERVICES PROGRAM:  
CCRF IS COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES, AS WELL AS SURVIVORS, WHO ARE SEEN AT THE UNIVERSITY OF MINNESOTA'S CHILDREN'S HOSPITAL.

CARE PARTNERS  
VOLUNTEERS PROVIDE MUCH NEEDED NON-MEDICAL SUPPORT TO THE FAMILIES OF PEDIATRIC HEMATOLOGY/ONCOLOGY AND BLOOD AND MARROW TRANSPLANT PATIENTS RECEIVING CARE AT THE UNIVERSITY OF MINNESOTA'S CHILDREN'S HOSPITAL. LAST YEAR, EIGHTY-SEVEN INDIVIDUALS PROVIDED 5,882 HOURS AS FAMILY, UNIT AND CLINIC VOLUNTEERS FOR PATIENTS AND FAMILIES.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,393,443.

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**Part IV Checklist of Required Schedules**

		Yes	No
1 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> .....	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	2	X	
3 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> .....	3		X
4 <b>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> .....	4		X
5 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> .....	5		X
6 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> .....	6		X
7 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> .....	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8		X
9 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> .....	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10		X
11 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.			
a 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> .....	11a	X	
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> .....	11b		X
c 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> .....	11c		X
d 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> .....	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	11e		X
f 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> .....	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a	X	
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> .....	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a		X
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> .....	14b		X
15 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> .....	15		X
16 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> .....	16		X
17 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> .....	17		X
18 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> .....	18	X	
19 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> .....	19	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....	20b		

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

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>		X
<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>23</b>	X	
<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>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<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>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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>25a</b>		X
<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>25b</b>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		X
<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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>		X
<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>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<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>32</b>		X
<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>33</b>		X
<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>34</b>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<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>35b</b>		
<b>36</b> <b>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>36</b>		X
<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>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X	

**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	18		
<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>	X	
<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	23		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b>	X	
<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 in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<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>6b</b>		
<b>7 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?	<b>7b</b>	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?	<b>7c</b>		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?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 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 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 Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 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>13a</b>		
<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?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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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 in 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 .....	<b>1a</b>	33	
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 in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....	<b>1b</b>	33	
<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? .....	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		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? .....	<b>7a</b>		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? .....	<b>7b</b>		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? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	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 in Schedule O .....	<b>9</b>		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? .....	<b>10a</b>		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>10b</b>		
<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? .....	<b>11a</b>	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 .....	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	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 .....	<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	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 .....	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	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? .....	<b>16a</b>		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? .....	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► MN
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► KEITH D. OLSON - 952-893-9355  
7301 OHMS LANE, SUITE 460, MINNEAPOLIS, MN 55439

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) DAN STATSICK CHAIRPERSON	1.00	X		X			0.	0.	0.	
(2) AMANDA BRINKMAN VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(3) PAUL PERSEKE TREASURER	1.00	X		X			0.	0.	0.	
(4) CARI ERICKSON SECRETARY	1.00	X		X			0.	0.	0.	
(5) LISA OVSAK DIRECTOR	1.00	X					0.	0.	0.	
(6) DAN BARTHOLET DIRECTOR	1.00	X					0.	0.	0.	
(7) BRIAN BURKE DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN HALLBERG CEO	40.00	X		X			177,876.	0.	14,239.	
(9) STACY ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
(10) MICHAEL BADEN DIRECTOR	1.00	X					0.	0.	0.	
(11) INGRID CULP DIRECTOR	1.00	X					0.	0.	0.	
(12) SUSAN DOHERTY DIRECTOR	1.00	X					0.	0.	0.	
(13) PETER DOROW DIRECTOR	1.00	X					0.	0.	0.	
(14) SCOTT ERICKSON DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVE FOLKENS DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN GOLDEN DIRECTOR	1.00	X					0.	0.	0.	
(17) JON HALPER DIRECTOR	1.00	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 <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(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			
(18) MATT HEDMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) ANNE HUSSIAN DIRECTOR	1.00	X					0.	0.	0.	
(20) FARLEY KAUFMANN DIRECTOR	1.00	X					0.	0.	0.	
(21) MICHAEL KELNER DIRECTOR	1.00	X					0.	0.	0.	
(22) CHARLIE MANZONI DIRECTOR	1.00	X					0.	0.	0.	
(23) MATT MCBRIDE DIRECTOR	1.00	X					0.	0.	0.	
(24) JOHN S. MENDESH DIRECTOR	1.00	X					0.	0.	0.	
(25) BARRY MORGAN DIRECTOR	1.00	X					0.	0.	0.	
(26) KEITH J. NELSEN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b> .....							177,876.	0.	14,239.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							47,348.	0.	2,191.	
<b>d Total (add lines 1b and 1c)</b> .....							225,224.	0.	16,430.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or 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
RR DONNELLEY PO BOX 7810, CHICAGO, IL 60677-7008	DIRECT MAIL PRODUCTION	500,369.
EIDECOM, 8401 73RD AVE N, STUDIO 77, BROOKLYN PARK, MN 55428	EVENT PRODUCTION	136,672.
LSREF2 OREO (DIRECT), LLC, 2711 NORTH HASKELL AVE, #1700, DALLAS, TX 75204	LEASE/CAM PAYMENTS	121,684.

**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 **3**

**SEE PART VII, SECTION A CONTINUATION SHEETS**





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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	2,227,952.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	4,518,049.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		6,746,001.				
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<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 .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			122,422.		122,422.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....			950,190.		
		<b>c</b> Gain or (loss) .....			516,835.		
		<b>d</b> Net gain or (loss) .....			516,835.		516,835.
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,227,952. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	635,181.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	429,857.			
		<b>c</b> Net income or (loss) from fundraising events .....			205,324.		205,324.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	24,800.				
<b>b</b> Less: direct expenses .....		<b>b</b>	8,667.				
<b>c</b> Net income or (loss) from gaming activities .....			16,133.		16,133.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....		900099	116,939.	116,939.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			116,939.				
<b>12 Total revenue.</b> See instructions. ....			7,723,654.	116,939.	0.	860,714.	

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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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,821,710.	3,821,710.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. 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	302,620.	129,600.	47,102.	125,918.
<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	1,129,196.	483,589.	175,757.	469,850.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,913.	16,665.	6,057.	16,191.
<b>9</b> Other employee benefits	134,782.	57,722.	20,978.	56,082.
<b>10</b> Payroll taxes	98,169.	42,042.	15,280.	40,847.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	17,350.		17,350.	
<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.)	363,307.	157,053.	13,560.	192,694.
<b>12</b> Advertising and promotion	9,841.	4,896.		4,945.
<b>13</b> Office expenses	111,453.	74,948.	7,143.	29,362.
<b>14</b> Information technology	90,712.	39,464.	11,313.	39,935.
<b>15</b> Royalties				
<b>16</b> Occupancy	137,540.	59,138.	21,236.	57,166.
<b>17</b> Travel	19,563.	8,593.	5,507.	5,463.
<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	162,247.	69,484.	25,253.	67,510.
<b>23</b> Insurance	14,272.		14,272.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DIRECT MAIL EXPENSES</b>	831,199.	360,508.		470,691.
<b>b</b> <b>LICENSES &amp; PERMITS</b>	175,550.	25,759.	6,075.	143,716.
<b>c</b> <b>VENUE &amp; ENTERTAINMENT</b>	47,819.	32,571.	1,030.	14,218.
<b>d</b> <b>DEVELOPMENT</b>	16,287.	9,701.	1,314.	5,272.
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,522,530.	5,393,443.	389,227.	1,739,860.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	831,199.	360,508.	0.	470,691.

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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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	169,701.	<b>1</b>	998,940.	
	<b>2</b> Savings and temporary cash investments .....	1,337,462.	<b>2</b>	1,214,088.	
	<b>3</b> Pledges and grants receivable, net .....	1,501,483.	<b>3</b>	1,157,571.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	186,395.		<b>9</b>	206,685.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	647,693.			
	<b>b</b> Less: accumulated depreciation .....	555,807.			
	<b>11</b> Investments - publicly traded securities .....	186,121.	<b>10c</b>	91,886.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,713,144.	<b>11</b>	4,826,441.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	9,662.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,103,968.	<b>15</b>	15,445.		
		<b>16</b>	8,511,056.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	221,300.	<b>17</b>	353,834.	
	<b>18</b> Grants payable .....	4,331,068.	<b>18</b>	4,112,285.	
	<b>19</b> Deferred revenue .....	234,828.	<b>19</b>	207,851.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....			<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,787,196.	<b>26</b>	4,673,970.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,316,772.	<b>27</b>	3,660,847.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	176,239.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	3,316,772.	<b>33</b>	3,837,086.	
	<b>34</b> Total liabilities and net assets/fund balances .....	8,103,968.	<b>34</b>	8,511,056.	

**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>	7,723,654.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	7,522,530.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	201,124.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	3,316,772.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	319,190.
<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 in 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 33, column (B)) .....	<b>10</b>	3,837,086.

**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? .....	<b>2a</b>		X
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
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>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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<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>3a</b>		X
<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 in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

# Public Inspection Copy

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

## 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHILDREN'S CANCER RESEARCH FUND**

Employer identification number

**41-1893645**

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

# Public Inspection Copy

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,695,383.	8,578,521.	9,134,007.	8,158,621.	6,746,001.	41,312,533.
<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 .....	8,695,383.	8,578,521.	9,134,007.	8,158,621.	6,746,001.	41,312,533.
<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) .....						776,194.
<b>6 Public support.</b> Subtract line 5 from line 4.						40,536,339.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	8,695,383.	8,578,521.	9,134,007.	8,158,621.	6,746,001.	41,312,533.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	94,209.	102,632.	134,361.	100,744.	122,422.	554,368.
<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 IV.) .....	132,764.	130,797.	101,547.	91,368.	116,939.	573,415.
<b>11 Total support.</b> Add lines 7 through 10						42,440,316.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....				12	3,831,277.	
<b>13 First five 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 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	95.51 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	96.84 %
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 IV 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 - 2012.</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 IV 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"/>

# Public Inspection Copy

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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



# Public Inspection Copy

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2009 AMOUNT: \$ 35,227.

2010 AMOUNT: \$ 130,797.

2011 AMOUNT: \$ 101,547.

2012 AMOUNT: \$ 91,368.

2013 AMOUNT: \$ 116,939.

**MAILING LIST RENTAL**

2009 AMOUNT: \$ 97,537.

# Public Inspection Copy

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

# Public Inspection Copy

Name of organization  <b>CHILDREN'S CANCER RESEARCH FUND</b>	Employer identification number  <b>41-1893645</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>249,582.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>234,390.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>180,820.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# Public Inspection Copy

Name of organization  <b>CHILDREN'S CANCER RESEARCH FUND</b>	Employer identification number  <b>41-1893645</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED STOCKS-300 JNJ, 250 LNG, 450 IYE, 300 IGV, 200 IYH, 200 IYJ, 200 LQD, + OTHERS	\$ 224,482.	06/20/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

# Public Inspection Copy

<b>Name of organization</b>  CHILDREN'S CANCER RESEARCH FUND	<b>Employer identification number</b>  41-1893645
--	---

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

# Public Inspection Copy

**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 are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

**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" to 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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					
<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** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 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" to 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				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		647,693.	555,807.	91,886.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				91,886.

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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" to 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" to 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



# Public Inspection Copy

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

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

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	8,880,868.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains on investments .....	<b>2a</b>	319,190.
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	838,024.
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,157,214.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	7,723,654.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	7,723,654.

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

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

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	8,360,554.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	838,024.
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	838,024.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	7,522,530.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	7,522,530.

**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:**

**EXPLANATION: ASC 740 DISCLOSURE FROM AUDITED FINANCIAL STATEMENTS:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, THE STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES BUT IS SUBJECT TO INCOME TAX ON NET UNRELATED BUSINESS INCOME.

THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME.

THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY

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

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THE ORGANIZATION HAS IDENTIFIED NO INCOME TAX UNCERTAINTIES. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS.

THE ORGANIZATION'S FEDERAL TAX RETURNS ARE OPEN TO EXAMINATION FOR TAX YEARS 2011 THROUGH 2013.



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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA - DAWN OF A DREAM	(b) Event #2 GALA - GLAMORAMA	(c) Other events  6	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	1,699,304.	353,248.	810,581.	2,863,133.
	<b>2</b> Less: Contributions .....	1,324,136.	218,505.	685,311.	2,227,952.
	<b>3</b> Gross income (line 1 minus line 2) .....	375,168.	134,743.	125,270.	635,181.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	85,097.		7,671.	92,768.
	<b>6</b> Rent/facility costs .....	40,810.		54,277.	95,087.
	<b>7</b> Food and beverages .....	99,398.		24,103.	123,501.
	<b>8</b> Entertainment .....	38,113.	43,007.	17,150.	98,270.
	<b>9</b> Other direct expenses .....	1,116.	1,121.	17,994.	20,231.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				429,857.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				205,324.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....			8,449.	8,449.
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....			218.	218.
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No _____ %	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					8,667.
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					16,133.

**9** Enter the state(s) in which the organization operates gaming activities: MN  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |          |
|--------------------------------------|------------|----------|
| <b>a</b> The organization's facility | <b>13a</b> | .00 %    |
| <b>b</b> An outside facility         | <b>13b</b> | 100.00 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JIM LEIGHTON

Address ▶ 7301 OHMS LANE #460 - MINNEAPOLIS, MN 55439

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶ NOT APPLICABLE

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## SCHEDULE G, PART III - GAMING

**EXPLANATION: THE ORGANIZATION'S GAMING REVENUE IS FROM THREE RAFFLES CONDUCTED AT ORGANIZATION FUNDRAISING EVENETS.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CHILDREN'S CANCER RESEARCH FUND**

Employer identification number  
**41-1893645**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	3,081,886.	0.			FUNDING FOR PEDIATRIC CANCER RESEARCH ACTIVITIES
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	50,000.	0.			FUNDING FOR EMERGING SCIENTIST PROGRAM
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	200,000.	0.			FUNDING FOR FELLOWSHIP PROGRAM
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	100,596.	0.			MARK E NESBIT JR LECTURE SERIES
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	10,000.	0.			FUNDING FOR CANCER SERVIVORSHIP CONFERENCE
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	149,500.	0.			ADOPT-A-ROOM PROJECTS AT AMPLATZ CHILDREN'S HOSPITAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

▶ 3.  
▶ 0.

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

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	50,000.	0.			FUNDING FOR BMT INTEGRATIVE MEDICINE PROGRAM
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	500.	0.			COMFORT AND PALLIATIVE CARE PROGRAM AT AMPLATZ CHILDREN'S HOSPITAL
UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW - 2450 RIVERSIDE AVE - MINNEAPOLIS, MN 55454	41-0991680	501(C)(3)	169,228.	0.			CARE PARTNERS PROGRAM AT AMPLATZ CHILDREN'S HOSPITAL
MOMCOLOGY 4070 WILD MEADOWS DRIVE MEDINA, MN 55340	46-3904440	501(C)(3)	10,000.	0.			MISSION SUPPORT

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2:**  
**EXPLANATION: THE ORGANIZATION PROVIDES FUNDS TO THE UNIVERSITY OF MINNESOTA FOR RESEARCH AND TRAINING RELATING TO THE PREVENTION, TREATMENT AND CURE OF CHILDHOOD CANCER. THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE MONITOR THE USE OF GRANT FUNDS.**



# Public Inspection Copy

## Compensation Information

OMB No. 1545-0047

**SCHEDULE J  
(Form 990)**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CHILDREN'S CANCER RESEARCH FUND**

Employer identification number  
**41-1893645**

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>		X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
<b>a</b> The organization? .....	<b>5a</b>		X								
<b>b</b> Any related organization? .....	<b>5b</b>		X								
If "Yes" to line 5a or 5b, describe in Part III.											
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
<b>a</b> The organization? .....	<b>6a</b>		X								
<b>b</b> Any related organization? .....	<b>6b</b>		X								
If "Yes" to line 6a or 6b, describe in Part III.											
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>		X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>		X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>										

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

Schedule J (Form 990) 2013





# Public Inspection Copy

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number  
41-1893645

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

ITS IMPACT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASE THE RISK OF THE CANCER SPREADING TO OTHER PARTS OF THE BODY.

THE GROUP HAS ALSO FOUND POSSIBLE CAUSES FOR THE AGGRESSIVENESS OF

OSTEOSARCOMA.

RESEARCHERS ARE ALSO COMBINING GENETIC ANALYSIS OF BRAIN TUMORS WITH

VACCINE-BASED APPROACHES TO CREATE PATIENT-SPECIFIC CANCER VACCINES.

ONE RESULT OF THIS WORK IS THAT RESEARCHERS HAVE DISCOVERED THE CAUSE

OF IMMUNE-SUPPRESSING TUMOR MICROENVIRONMENTS, WHICH REDUCE THE

EFFECTIVENESS OF BRAIN TUMOR VACCINE THERAPIES THAT HAVE BEEN DEVELOPED

FOR PATIENTS.

OTHER RESEARCH FOCUSES INCLUDE FINDING NEW DRUG THERAPIES FOR

GRAFT-VERSUS-HOST DISEASE FOLLOWING TRANSPLANT, IDENTIFYING GENETIC

RISK FOR HODGKIN'S LYMPHOMA AND DEVELOPING LESS TOXIC TREATMENTS FOR A

VARIETY OF CANCERS AND RELATED DISEASES, INCLUDING LEUKEMIA AND FANCONI

ANEMIA.

IN ADDITION TO SPECIFIC RESEARCH PROJECTS, CCRF ALSO FUNDS SIX ENDOWED

CHAIRS AT THE UNIVERSITY OF MINNESOTA, PROVIDING RESEARCHERS WITH A

CONSISTENT STREAM OF FINANCIAL SUPPORT TO KEEP RESEARCH MOVING FORWARD.

THIS YEAR, A NEW PROGRAM WAS INITIATED TO PROVIDE DEDICATED RESEARCH

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PROJECT FUNDING TO YOUNGER SCIENTISTS. THE GOAL OF THIS EFFORT IS TO PROVIDE THE SEED MONEY TO SUPPORT EARLY STAGE RESEARCH THAT PAVES THE WAY FOR LARGER, FEDERALLY FUNDED GRANTS. THIS ADDRESSES THE CURRENT TREND THAT IS MAKING IT DIFFICULT FOR YOUNGER RESEARCHERS TO RECEIVE THE FEDERAL GRANTS NECESSARY TO ADVANCE THEIR WORK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION, WE BRING AWARENESS TO THE GENERAL PUBLIC ABOUT OUR CAUSE AND MISSION THROUGH PRO-BONO PRINT AND OUT-OF-HOME ADVERTISING WITH MNI TARGETED MEDIA AND MEDIA SERVICES ADVERTISING. LAST YEAR, WE RECEIVED OVER TWO MILLION IMPRESSIONS AS A RESULT OF THESE ADVERTISEMENTS.

AWARENESS AND EDUCATION IS ALSO DONE IN PARTNERSHIP WITH RADIO STATION KS95 AND THEIR KS95 FOR KIDS@RADIOTHON. CCRF PATIENT AND FAMILY STORIES ARE SHARED THROUGH LIVE BROADCASTS BOTH LOCALLY AND NATIONALLY, REACHING MORE THAN ONE MILLION LISTENERS AND GENERATING DONATIONS FROM NEARLY 2,000 PEOPLE.

CCRF HELPS UNDERWRITE THE ANNUAL CANCER SURVIVORSHIP CONFERENCE AT THE UNIVERSITY OF MINNESOTA. THIS YEAR, OVER 300 ATTENDEES GATHERED TO LEARN ABOUT THE IMPORTANCE OF SURVIVORSHIP RESEARCH AND THE BENEFITS OF PHYSICAL ACTIVITY DURING AND AFTER CANCER TREATMENT. THE EVENT FEATURED A WIDE RANGE OF INTERNATIONAL SPEAKERS.

CCRF DONORS AND SUPPORTERS ALSO RECEIVE EDUCATIONAL INFORMATION AND RESEARCH UPDATES THROUGH EVENTS LIKE JUST IMAGINE AND BENEFACTORS DINNER, WHERE UNIVERSITY OF MINNESOTA PHYSICIANS AND RESEARCHERS SPEAK

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ABOUT THEIR WORK.

TO SUPPORT EDUCATION FOR PHYSICIANS AND RESEARCHERS, WE HELP FUND TWO LECTURE SERIES AT THE UNIVERSITY OF MINNESOTA-THE MARK E. NESBIT LECTURESHIP IN PEDIATRIC ONCOLOGY AND THE NORMA K.C. RAMSAY, MD DISTINGUISHED VISITING PROFESSOR LECTURESHIP SERIES. BOTH SERIES BRINGS PEDIATRIC CANCER EXPERTS FROM AROUND THE WORLD TO SHARE INFORMATION AND FOSTER COLLABORATIONS ACROSS INSTITUTIONS TO ACCELERATE THE PACE OF DISCOVERY IN PEDIATRIC CANCER RESEARCH.

WE ALSO FUND THE PEDIATRIC HEMATOLOGY-ONCOLOGY AND BMT FELLOWSHIP PROGRAM, WHICH HELPS RECRUIT AND RETAIN THE BRIGHTEST MINDS IN THE FIELD OF PEDIATRIC CANCER RESEARCH. LAST YEAR, SEVEN FELLOWS WERE PART OF THE PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BEADS OF COURAGE:

SUPPORTED BY CARE PARTNERS, THE BEADS OF COURAGE PROGRAM IS A UNIQUE, THERAPEUTIC ART PROGRAM THAT GIVES PEDIATRIC CANCER PATIENTS THE ABILITY TO DOCUMENT THEIR JOURNEY WITH CANCER THROUGH THE USE OF COLORFUL BEADS. BEADS REPRESENT COURAGE AND MILESTONES THEY'VE ACHIEVED ALONG THE TREATMENT PATH.

SIBSHOPS

CARE PARTNERS SPONSORS SIBSHOPS, A MONTHLY WORKSHOP PROVIDING BROTHERS AND SISTERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS THE OPPORTUNITY TO GAIN PEER SUPPORT AND EDUCATION. SIBSHOPS SERVES NEARLY 1,000 KIDS EACH YEAR.

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## DINNER PROGRAM

ONE EVENING EACH MONTH, THE CARE PARTNERS DINNER PROGRAM PROVIDES FOOD, BEVERAGES AND A SHORT BREAK FROM THE HOSPITAL ROOM FOR PATIENTS AND FAMILY MEMBERS AT THE UNIVERSITY OF MINNESOTA CHILDREN'S HOSPITAL. VOLUNTEERS SERVE THE MEALS, SET UP, CLEAN UP AND ASSIST PATIENTS WITH WHEELCHAIRS, CARTS AND CORDS. LAST YEAR, NEARLY 1,800 PEOPLE ENJOYED A MEAL THROUGH THE DINNER PROGRAM.

## C.C. BEAR

OUR CUDDLY STUFFED BEAR PROVIDES COMFORT AND HOPE TO HUNDREDS OF CHILDREN AND THEIR FAMILIES WHO ARE AFFECTED BY CANCER. LAST YEAR, 364 BEARS WERE SENT TO KIDS IN 18 STATES.

## CANCER SURVIVOR PROGRAM

CCRF HAS LONG SUPPORTED THE UNIVERSITY OF MINNESOTA'S CANCER SURVIVOR PROGRAM WHICH PROVIDES FOLLOW-UP CARE TO CHILDHOOD CANCER SURVIVORS, HELPING PREVENT SECONDARY CANCERS AND REDUCE THE RISK OF DEVELOPING OTHER POTENTIAL CONDITIONS AS A RESULT OF PRIOR CHEMOTHERAPY, RADIATION OR SURGERIES.

## MOMCOLOGY

CCRF SUPPORTS MOMCOLOGY, AN ONLINE COMMUNITY FOR MOTHERS AND PRIMARY CAREGIVERS OF CHILDREN DIAGNOSED WITH CANCER. MOMCOLOGY CURRENTLY SERVES THOUSANDS OF FAMILIES AROUND THE WORLD, CONNECTING FAMILIES WHOSE CHILDREN SHARE DIAGNOSES AND TREATMENT PROTOCOLS.

## CARE FLIGHTS

CARE FLIGHTS HELP EASE THE BURDEN OF TRAVEL COSTS THAT FAMILIES INCUR

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WHEN SEEKING LIFESAVING TREATMENTS FAR FROM HOME. AS A DELTA AIR LINES SKYWISH CHARITY PARTNER, CCRF PROVIDED FORTY FLIGHTS LAST YEAR TO FAMILIES IN NEED.

ADOPT-A-ROOM

CCRF SPONSORED AN ADOPT-A-ROOM AT THE UNIVERSITY OF MINNESOTA CHILDREN'S HOSPITAL. THESE SPECIAL ROOMS ARE 35 PERCENT LARGER THAN NATIONAL STANDARDS AND PROVIDE PATIENTS AND FAMILIES WITH A PRIVATE HOME AWAY FROM HOME. THE ROOM INCLUDES HIGH-TECH FEATURES SUCH AS A LAPTOP AND VIDEO CONFERENCING, SO CHILDREN, SIBLINGS AND PARENTS CAN STAY CONNECTED TO THEIR RELATIVES, FRIENDS AND SCHOOLS. THERE ARE ALSO AMPLE SLEEPING AND EATING SPACES, SO FAMILIES CAN SPEND TIME TOGETHER DURING A HOSPITAL STAY.

INTEGRATIVE THERAPIES

CCRF PROVIDED FUNDING FOR THE UNIVERSITY OF MINNESOTA'S BONE MARROW TRANSPLANT PROGRAM, AND A NEW NURSE/RESEARCHER WAS HIRED TO ESTABLISH AN INTEGRATIVE THERAPIES PROGRAM WITHIN THE BMT DEPARTMENT. THE INTEGRATIVE THERAPIES PROGRAM WILL BE DESIGNED TO IMPROVE PATIENT OUTCOMES, ENHANCE TREATMENT AND HEALING EXPERIENCES FOR PATIENTS AND THEIR FAMILIES AND REDUCE COSTS.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE NUMBER OF CONSECUTIVE TERMS A MEMBER OF THE BOARD OF DIRECTORS CAN SERVE WAS INCREASED FROM THREE TO FOUR.

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

EXPLANATION: THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE FORM 990.



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THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 FORM.

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

EXPLANATION: ALL BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN AN ANNUAL DISCLOSURE STATEMENT. ALL FINANCIAL TRANSACTIONS AND CONTRACTS ARE REVIEWED BY THE DIRECTOR OF FINANCE AND, IF NECESSARY, THE CEO AND ATTORNEYS TO ENSURE NO TRANSACTIONS ARE EXECUTED THAT COULD BE INTERPRETED AS INTRODUCING A CONFLICT OF INTEREST.

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

EXPLANATION: ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S COMPENSATION AND RECOMMENDS A SPECIFIC LEVEL OF COMPENSATION. A COMPREHENSIVE COMPENSATION STUDY FOR ALL ORGANIZATIONAL POSITIONS IS PERFORMED PERIODICALLY, WHICH COMPARES SALARIES FOR EACH JOB DESCRIPTION RELATIVE TO GEOGRAPHIC LOCATION, ORGANIZATIONAL FOCUS AND OPERATING BUDGET. THE SURVEY WAS MOST RECENTLY CONDUCTED IN MAY 2010, AND WILL BE DONE IN THE FALL OF 2014.

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

EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY CAN ALSO BE PROVIDED UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A

EXPLANATION: EXECUTIVE COMMITTEE:

CCRF HAS AN EXECUTIVE COMMITTEE WHICH CONSISTS OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE VICE CHAIRPERSON ELECT, THE TREASURER, AND THE

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SECRETARY. THE CHAIRPERSON MAY ALSO APPOINT SUCH OTHER MEMBERS OF THE BOARD OF DIRECTORS TO THE EXECUTIVE COMMITTEE AS HE OR SHE DETERMINES APPROPRIATE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWERS TO ACT FOR AND ON BEHALF OF THE BOARD OF DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS TO TAKE ANY ACT THAT MAY BE TAKEN BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL MEET AT REGULAR INTERVALS THROUGHOUT THE YEAR. THE CEO SHALL ATTEND THE MEETINGS OF THE EXECUTIVE COMMITTEE AS A NONVOTING PARTICIPANT. THE CORPORATION MAY EXCLUDE THE CEO FROM MEETINGS OF THE EXECUTIVE COMMITTEE OR ANY PORTION OF A MEETING OR FROM ACCESS TO RELATED MATERIALS. IN THE ABSENCE OF A NOMINATING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL FULFILL THE PURPOSES OF THE NOMINATING COMMITTEE.