

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5186454
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: MINNESOTA COLORECTAL CANCER RESEARCH FOUNDATION
D Employer identification number: 81-1144354
E Telephone number: 612-280-5156
G Gross receipts \$: 480,717.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MINNESOTACOLORECTAL.ORG
K Form of organization:
L Year of formation: 2017
M State of legal domicile: MN

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

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.
Sign Here: CHARLIE HICKS, TREASURER
Date: 8/16/2023
Paid Preparer: HEIDI GRINDE
Date: 07/25/23
Preparer Use Only: CLIFTONLARSONALLEN LLP, 220 S 6TH STREET, SUITE 300, MINNEAPOLIS, MN 55402

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

MINNESOTA COLORECTAL CANCER RESEARCH FOUNDATION

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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: OUR MISSION IS TO BUILD A COMMUNITY OF COLORECTAL CANCER SURVIVORS, AND THEIR FAMILY AND FRIENDS, WHO WILL WORK PASSIONATELY TO RAISE MONEY TO FUND RESEARCH TO IMPROVE SURVIVAL AND THE QUALITY OF LIFE OF PEOPLE WITH COLON AND RECTAL CANCER.

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 [X] 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 [X] 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 \$ 257,072. including grants of \$ 254,547.) (Revenue \$ 0.) AWARD GRANTS TO RESEARCHERS AT THE UNIVERSITY OF MINNESOTA AND MAYO CLINIC AND EDUCATIONAL VIDEOS ABOUT COLORECTAL CANCER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 257,072.