



ALEXS LEMONADE STAND FDN.

INCOME TAX RETURN FOR

THE YEAR ENDED

DECEMBER 31, 2020



EISNERAMPER

MAY 10, 2021

ALEXS LEMONADE STAND FOUNDATION
111 PRESIDENTIAL BLVD NO. 203
BALA CYNWYD, PA 19004

ALEXS LEMONADE STAND FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2020 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU
HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

EISNERAMPER LLP



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2020

PREPARED FOR:

ALEXS LEMONADE STAND FOUNDATION
111 PRESIDENTIAL BLVD NO. 203
BALA CYNWYD, PA 19004

PREPARED BY:

EISNERAMPER LLP
130 NORTH 18TH STREET, SUITE 3000
PHILADELPHIA, PA 19103-2757

EFILE FAX: 215-881-2329
EFILE EMAIL: EFILE@EISNERAMPER.COM

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 17, 2021.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

ALEXS LEMONADE STAND FOUNDATION

56-2496146

Name and title of officer or person subject to tax

JASON SCOTT

CO-EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>18,580,108.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize EISNERAMPER LLP to enter my PIN 54321
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24385119046

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALEXS LEMONADE STAND FOUNDATION		D Employer identification number 56-2496146
	Doing business as		E Telephone number 610-649-3034
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 22,108,076.
	111 PRESIDENTIAL BLVD	203	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALA CYNWYD, PA 19004		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JASON SCOTT SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ALEXSLEMONADE.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ FOUND L Year of formation: 2005 M State of legal domicile: PA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER TREATMENT AND RESEARCH. TO CHANGE		
	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)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	19674
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,243,405.	16,658,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	261,210.	237,934.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,041,212.	1,683,176.
		26,545,827.	18,580,108.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,176,435.	9,551,971.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,135,706.	4,173,235.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,292,876.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,569,000.	1,472,483.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,881,141.	15,197,689.	
19 Revenue less expenses. Subtract line 18 from line 12	664,686.	3,382,419.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	19,840,634.	23,320,429.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,234,204.	4,363,081.
		14,606,430.	18,957,348.

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	Signature of officer		Date		
	▶ JASON SCOTT, CO-EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HELEN M MARTIN				P01330899
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826			
	Firm's address ▶ 130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757			Phone no. (215) 881-8800	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOUNDATION'S PURPOSE IS TO CHANGE THE LIVES OF CHILDREN WITH CANCER THROUGH FUNDING IMPACTFUL RESEARCH, RAISING AWARENESS, SUPPORTING, FAMILIES, AND EMPOWERING EVERYONE TO HELP CURE CHILDHOOD 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 9,211,841. including grants of \$ 8,562,855.) (Revenue \$) PEDIATRIC CANCER RESEARCH FUND PROGRAM HIGHLIGHTS:

- ALSF FUNDS CUTTING EDGE RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCERS. PROJECTS ARE SELECTED THROUGH A COMPETITIVE GRANT REVIEW, WITH EACH APPLICATION RECEIVING MULTIPLE REVIEWS BY SCIENTISTS. THE FOCUS OF THE ALSF GRANT GIVING IS ON FILLING CRITICAL GAPS IN FUNDING FOR PEDIATRIC CANCER CURES, FROM EARLY INNOVATIVE SCIENCE ALL THE WAY THROUGH TO FIRST-IN-CHILDREN CLINICAL TRIALS. OF NOTE, ALSF IS ALSO THE ONLY CHILDHOOD CANCER RESEARCH ORGANIZATION THAT HAS BEEN GIVEN THE NCI PEER-REVIEWED FUNDER DESIGNATION FOR RIGOROUS SELECTION OF RESEARCH GRANTS.

4b (Code:) (Expenses \$ 1,360,610. including grants of \$) (Revenue \$ 27,271.) ALSF WORKS TO BRING AWARENESS AND UNDERSTANDING OF CHILDHOOD CANCER TO THE GENERAL PUBLIC AND TO CHILDHOOD CANCER FAMILIES. HIGHLIGHTS INCLUDE:

- ALSF ENCOURAGES AND EMPOWERS VOLUNTEERISM IN TENS OF THOUSANDS OF VOLUNTEERS ANNUALLY. ALSF BELIEVES THAT EVERYONE CAN PARTICIPATE IN THE CAUSE; TO THAT END ALSF HAS CREATED AWARENESS AND FUNDRAISING MECHANISMS THAT ARE EASY TO USE, EMPOWER PEOPLE OF ALL AGES AND WALKS OF LIFE, AND BRING THE STORIES AND FACTS OF CHILDHOOD CANCER TO COMMUNITIES ACROSS THE COUNTRY.

- THE ALSF WEBSITE PROVIDES INFORMATION, FACTS, AND EDUCATIONAL

4c (Code:) (Expenses \$ 1,224,286. including grants of \$ 989,116.) (Revenue \$) ALSF HAS CREATED UNIQUE FAMILY SUPPORT PROGRAMS TO PROVIDE EMOTIONAL AND FINANCIAL SUPPORT TO FAMILIES WHILE THEIR CHILDREN ARE UNDERGOING TREATMENT FOR CANCER:

- THE TRAVEL FOR CARE PROGRAM PROVIDES TRAVEL FOR FAMILIES WHO ARE FINANCIALLY BURDENED BY TRAVEL FOR TREATMENT FOR THEIR CHILDREN. THE PROGRAM IS UNIQUE IN THAT IT IS NOT A REIMBURSEMENT PROGRAM - FAMILIES' NEEDS ARE IDENTIFIED VIA SOCIAL WORKERS AND ALSF PROVIDES UPFRONT SUPPORT TO PAY FOR AIRFARE, GAS CARDS AND LODGING AS NEEDED. THIS TYPE OF SUPPORT ALLOWS FAMILIES TO HAVE ACCESS TO THE BEST CARE POSSIBLE FOR THEIR CHILD REGARDLESS OF WHERE THEY LIVE. 463 FAMILIES ACROSS ALL 50 STATES WERE HELPED, AND THE AVERAGE ANNUAL INCOME OF A FAMILY SUPPORTED

4d Other program services (Describe on Schedule O.) (Expenses \$ 876,387. including grants of \$) (Revenue \$)

4e Total program service expenses 12,673,124.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		X
4 Section 501(c)(3) organizations. 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>		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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>		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>		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>		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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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>	X	
24a 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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		X
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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 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>		X
34 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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (16), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a, 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, HI, CA, MA, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records JASON SCOTT, CO-EXECUTIVE DIRECTOR - 610-649-3034 111 PRESIDENTIAL BLVD, SUITE 203, BALA CYNWYD, PA 19004

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. See instructions for the order in which to list the persons above.

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) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X			155,465.	0.	12,391.	
(2) JASON SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X			149,455.	0.	18,057.	
(3) JACLYN TARONI DATA SCIENTIST	40.00					X	130,564.	0.	10,487.	
(4) YONAY TAYLOR CHIEF ACCOUNTING OFFICER	40.00					X	101,593.	0.	8,669.	
(5) MARY STENGEL AUSTEN CHAIR	1.00	X		X			0.	0.	0.	
(6) KRISTIN KELLY VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) LARRY VINCENT TREASURER	1.00	X		X			0.	0.	0.	
(8) ANN WEISER SECRETARY	1.00	X		X			0.	0.	0.	
(9) MARC BRUNO BOARD MEMBER	1.00	X					0.	0.	0.	
(10) STEPHEN COHN BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JOEL FRANK BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MICHAEL HARAD BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JOCELYN HILLMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) GIANNA JACKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(15) BILLY KING BOARD MEMBER	1.00	X					0.	0.	0.	
(16) TIM LUNG BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MEENA MANSHARAMANI BOARD MEMBER	1.00	X					0.	0.	0.	

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 (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			
(18) SUE NAEGLE BOARD MEMBER	1.00	X						0.	0.	0.
(19) CHIP OLSON BOARD MEMBER	1.00	X						0.	0.	0.
(20) JEFF SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								537,077.	0.	49,604.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								537,077.	0.	49,604.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
MARRIOTT BUSINESS SERVICES P.O. BOX 403003, ATLANTA, GA 30384	EVENT VENUE AND CATERING	203,640.

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 **1**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	88,670.				
	1 b	Membership dues					
	1 c	Fundraising events	1,648,314.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	615,000.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	14,307,014.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		16,658,998.			
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		235,273.		235,273.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,630,222.		1,630,222.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				3,152,194.			
	7 b	Less: cost or other basis and sales expenses		3,149,533.			
	7 c	Gain or (loss)		2,661.			
7 d	Net gain or (loss)		2,661.		2,661.		
8 a	Gross income from fundraising events (not including \$ 1,648,314. of contributions reported on line 1c). See Part IV, line 18						
			354,756.				
			329,073.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		25,683.		25,683.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
			76,633.				
			49,362.				
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory		27,271.	27,271.			
Miscellaneous Revenue	11 a						
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		18,580,108.	27,271.	0.	1,893,839.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,295,855.	8,295,855.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	956,116.	956,116.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	300,000.	300,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	345,097.	189,502.	52,066.	103,529.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,173,385.	1,845,971.	692,243.	635,171.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,109.	24,742.	9,245.	9,122.
9 Other employee benefits	329,389.	185,936.	79,454.	63,999.
10 Payroll taxes	282,255.	163,255.	59,909.	59,091.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	50,375.		50,375.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	19,372.			19,372.
13 Office expenses	30,045.	13,899.	9,327.	6,819.
14 Information technology	220,218.	105,501.	87,458.	27,259.
15 Royalties				
16 Occupancy	342,722.	196,288.	74,746.	71,688.
17 Travel	15,485.	4,031.	3,353.	8,101.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	48,373.	48,373.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,310.	78,209.	55,588.	39,513.
23 Insurance	28,193.	16,315.	5,965.	5,913.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LICENSES AND FEES	177,444.	9,849.	23,235.	144,360.
b PROMOTIONAL MATERIALS	81,992.	71,752.	3,277.	6,963.
c PRINTING	73,932.	24,991.	3,750.	45,191.
d LONGITUDINAL DATABASE S	57,917.	57,917.		
e All other expenses	153,105.	84,622.	21,698.	46,785.
25 Total functional expenses. Add lines 1 through 24e	15,197,689.	12,673,124.	1,231,689.	1,292,876.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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
Assets	1 Cash - non-interest-bearing	142,725.	1	142,482.
	2 Savings and temporary cash investments	10,769,849.	2	13,062,200.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	712,575.	4	372,403.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	132,016.	8	126,631.
	9 Prepaid expenses and deferred charges	105,045.	9	146,650.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,494,072.		
	b Less: accumulated depreciation	10b 1,248,277.		
	11 Investments - publicly traded securities	364,529.	10c	245,795.
	12 Investments - other securities. See Part IV, line 11	7,377,828.	11	9,010,701.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	206,250.	13	
	15 Other assets. See Part IV, line 11	29,817.	14	183,750.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,840,634.	15	29,817.	
		16	23,320,429.	
Liabilities	17 Accounts payable and accrued expenses	315,880.	17	321,378.
	18 Grants payable	4,281,153.	18	3,628,031.
	19 Deferred revenue	592,150.	19	391,419.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	45,021.	25	22,253.
	26 Total liabilities. Add lines 17 through 25	5,234,204.	26	4,363,081.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,549,563.	27	13,486,528.
	28 Net assets with donor restrictions	4,056,867.	28	5,470,820.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,606,430.	32	18,957,348.
	33 Total liabilities and net assets/fund balances	19,840,634.	33	23,320,429.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,580,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,197,689.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,382,419.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,606,430.
5	Net unrealized gains (losses) on investments	5	953,575.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	14,924.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,957,348.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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 Were the organization's financial statements audited by an independent accountant?	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		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a 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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **ALEXS LEMONADE STAND FOUNDATION** Employer identification number: **56-2496146**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19357960.	18561091.	24141044.	25272780.	16658998.	103991873
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19357960.	18561091.	24141044.	25272780.	16658998.	103991873
5 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)						12604461.
6 Public support. Subtract line 5 from line 4.						91387412.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	19357960.	18561091.	24141044.	25272780.	16658998.	103991873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1335963.	858,958.	1145915.	1121390.	1865495.	6327721.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	341,090.	868,292.		107,960.	25,683.	1343025.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						111662619
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	81.84 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.59 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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"/>

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VOLVO CARS-NORTH AMERICA	5,878,902.	3,645,650.
FIVE BELOW, INC.	5,387,116.	3,153,864.
NORTHWESTERN MUTUAL FOUNDATION	7,885,305.	5,652,053.
POWER HOME REMODELING GROUP	2,386,146.	152,894.
Total Excess Contributions to Schedule A, Part II, Line 5		12,604,461.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization **ALEXS LEMONADE STAND FOUNDATION** Employer identification number **56-2496146**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - 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" on 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,536,136.	2,019,957.	1,904,408.	1,478,241.	1,168,822.
b Contributions	85,187.	201,043.	266,455.	277,974.	274,322.
c Net investment earnings, gains, and losses	396,546.	363,136.	-109,106.	200,193.	55,147.
d Grants or scholarships					
e Other expenditures for facilities and programs	68,000.	48,000.	41,800.	52,000.	20,050.
f Administrative expenses					
g End of year balance	2,949,869.	2,536,136.	2,019,957.	1,904,408.	1,478,241.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 6.9000 %
 - b Permanent endowment 71.5000 %
 - c Term endowment 21.6000 %
- The percentages on 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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" on 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		284,558.	258,855.	25,703.
e Other		1,209,514.	989,422.	220,092.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				245,795.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) DEFERRED RENT	22,253.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,253.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,999,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	953,575.	
b	Donated services and use of facilities	2b	334,342.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	130,990.	
e	Add lines 2a through 2d	2e		1,418,907.
3	Subtract line 2e from line 1	3		18,580,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		18,580,108.

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

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

1	Total expenses and losses per audited financial statements		1	15,648,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	334,342.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	130,990.	
e	Add lines 2a through 2d	2e		465,332.
3	Subtract line 2e from line 1	3		15,182,765.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	14,924.	
c	Add lines 4a and 4b	4c		14,924.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		15,197,689.

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:

THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE FOUNDATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE"); AS AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C) OF THE CODE; AND AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE FOUNDATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 AND

Part XIII Supplemental Information (continued)

2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY. THERE WERE NO INCOME TAX RELATED INTEREST AND PENALTIES RECORDED FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2020 OR 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GALA AND OTHER SPECIAL EVENTS 130,990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA AND OTHER SPECIAL EVENTS 130,990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF GRANTS OFFSET AGAINST EXPENSE ON FINANCIAL STATEMENTS 14,924.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **ALEXS LEMONADE STAND FOUNDATION** Employer identification number **56-2496146**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTS	PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM	300,000.
3 a Subtotal	0	0			300,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			300,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	125,000.	CHECK/TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	50,000.	CHECK/TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	125,000.	CHECK/TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3**

3 Enter total number of other organizations or entities **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS. INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ALEXS LEMONADE STAND FOUNDATION

Employer identification number
56-2496146

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LEMON BALL (event type)	LEMON MIXER (event type)	13 (total number)	
Revenue	1 Gross receipts	853,768.	260,990.	888,312.	2,003,070.
	2 Less: Contributions	631,735.	210,265.	806,314.	1,648,314.
	3 Gross income (line 1 minus line 2)	222,033.	50,725.	81,998.	354,756.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	369.	935.	454.	1,758.
	6 Rent/facility costs	34,670.	12,213.	26,000.	72,883.
	7 Food and beverages	167,703.	10,686.	12,909.	191,298.
	8 Entertainment			625.	625.
	9 Other direct expenses	35,605.	533.	26,371.	62,509.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				329,073.
11 Net income summary. Subtract line 10 from line 3, column (d)				25,683.	

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct 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: _____

- 11 Does the organization conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 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 ► _____

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 provide any additional information. See instructions.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ALEXS LEMONADE STAND FOUNDATION** Employer identification number **56-2496146**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY 900 COMMONWEALTH AVE. BOSTON, MA 02215-5450	04-2103547	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH - 220 LONGWOOD AVE - BOSTON, MA 02467	04-2103580	501C(3)	130,243.	0.			PEDIATRIC CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE - BOSTON, MA 02215-5450	04-2263040	501C(3)	719,753.	0.			PEDIATRIC CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FUIT STREET BOSTON, MA 02114	04-2697983	501C(3)	57,191.	0.			PEDIATRIC CANCER RESEARCH
BOSTON CHILDREN'S HOSPITAL 1 BLACKFAN CIRCLE BOSTON, MA 02115	04-2774441	501C(3)	187,500.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 364 PLANTATION STREET - WORCESTER, MA 01605	04-3167352	501C(3)	176,000.	0.			PEDIATRIC CANCER RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **61.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 413 EAST 69TH STREET - NEW YORK, NY 10021	13-1623978	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE , BOX 425 - NEW YORK, NY 10065	13-1924236	501C(3)	201,000.	0.			PEDIATRIC CANCER RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE NYU LANGONE MEDICAL CENTER SMILOW BUILDING 1211 - NEW YORK, NY 10016	13-5562308	501C(3)	175,000.	0.			PEDIATRIC CANCER RESEARCH
COLUMBIA UNIVERSITY 161 FORT WASHINGTON AVE IRVING PAVILION 7 PEDIATRIC ONCOLOGY - NEW YORK, NY	13-5598093	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1044A - NEW YORK, NY 10029	13-6171197	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. - 282 WASHINGTON STREET - HARTFORD, CT 06106	22-2619869	501C(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3501 CIVIC CENTER BOULEVARD CTRB4024 - PHILADELPHIA, PA 19104	23-1352166	501C(3)	688,255.	0.			PEDIATRIC CANCER RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3501 CIVIC CENTER BLVD CTRB 3028 - PHILADELPHIA, PA 19104	23-1352685	501C(3)	132,931.	0.			PEDIATRIC CANCER RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION - 3401 CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-2237932	501C(3)	1,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	23-7083114	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N. - SEATTLE, WA 98109-1024	23-7156071	501C(3)	191,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224	25-0965590	501C(3)	8,143.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - PEDIATRIC HEMATOLOGY/ONCOLOGY DIVISION - PITTSBURGH, PA 15224	25-1865744	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501C(3)	410,000.	0.			PEDIATRIC CANCER RESEARCH
THE CLEVELAND CLINIC FOUNDATION (RESEARCH) - 9500 EUCLID AVENUE DEPT OF CANCER BIOLOGY NE6 LERNER RESEARCH INSTITUTE - CLEVELAND, OH	34-0714585	501C(3)	1,000.	0.			PEDIATRIC CANCER RESEARCH
CASE WESTERN RESERVE UNIVERSITY WRB 6528 2103 CORNELL ROAD CLEVELAND, OH 44139	34-1018992	501C(3)	12,416.	0.			PEDIATRIC CANCER RESEARCH
NORTHWESTERN UNIVERSITY 320 E SUPERIOR SEARLE 6-450 CHICAGO, IL 60611	36-2167817	501C(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 300 EAST SUPERIOR STREET - CHICAGO, IL 60611	36-2170833	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 1150 EAST MEDICAL CENTER DRIVE - ANN ARBOR, MI 48109	38-6006309	501C(3)	129,829.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC. - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-1500075	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH
WASHINGTON UNIVERSITY 660 S. EUCLID AVE, BOX 8208 ST. LOUIS, MO 63119	43-0653611	501C(3)	357,000.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501C(3)	113,375.	0.			PEDIATRIC CANCER RESEARCH
RUTGERS CANCER INSTITUTE OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854-3925	46-2354111	501C(3)	15,427.	0.			PEDIATRIC CANCER RESEARCH
MOMCOLOGY MOMCOLOGY 103 WELLWOOD AVENUE SAINT JOHNS, FL 32259	46-3904440	501C(3)	70,000.	0.			PEDIATRIC CANCER RESEARCH
JOHNS HOPKINS UNIVERSITY - SCHOOL OF MEDICINE - 720 RUTLAND AVE. - BALTIMORE, MD 21153	52-0595110	501C(3)	387,368.	0.			PEDIATRIC CANCER RESEARCH
NATIONAL CANCER INSTITUTE 9000 ROCKVILLE PIKE BETHESDA, MD 20892-2440	52-0858115	501C(3)	99,917.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1654453	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH
THE GEORGE WASHINGTON UNIVERSITY GEORGE WASHINGTON UNIVERSITY CANCER CENTER SCIENCE AND ENGINEERING HALL 800	53-0196584	501C(3)	200,450.	0.			PEDIATRIC CANCER RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20007	53-0196603	501C(3)	34,228.	0.			PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY HANES HOUSE 330 TRENT DRIVE DURHAM, NC 27710	56-0532129	501C(3)	13,881.	0.			PEDIATRIC CANCER RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 173 ASHLEY AVENUE - CHARLESTON, SC 29425	57-6000722	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
EMORY UNIVERSITY 2015 UPPERGATE DRIVE ATLANTA, GA 30322	58-0566256	501C(3)	12,090.	0.			PEDIATRIC CANCER RESEARCH
AUGUSTA UNIVERSITY RESEARCH INSTITUTE - 1120 FIFTEENTH STREET - AUGUSTA, GA 30912	58-1418202	501C(3)	160,859.	0.			PEDIATRIC CANCER RESEARCH
NEMOURS ALFRED I DUPONT HOSPITAL FOR CHILDREN - NEMOURS/A.I. DUPONT HOSPITAL FOR CHILDREN 1600 ROCKLAND RD ROCKLAND CENTER O -	59-0634433	501C(3)	106,747.	0.			PEDIATRIC CANCER RESEARCH
VANDERBILT UNIVERSITY 2400 HIGHLAND AVE. NASHVILLE, TN 37212	62-0476822	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501C(3)	329,305.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE. SOUTH - BIRMINGHAM, AL 35294	63-6005396	501C(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH
TEXAS CHILDREN'S HOSPITAL 1102 BATES STREET HOUSTON, TX 77030	74-1100555	501C(3)	140,000.	0.			PEDIATRIC CANCER RESEARCH
BAYLOR COLLEGE OF MEDICINE 1102 BATES ST HOUSTON, TX 77030	74-1613878	501C(3)	919,116.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030	74-6001118	501C(3)	1,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-6002868	501C(3)	405,000.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE - AURORA, CO 80045	84-0813462	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	87-6000525	501C(3)	98,238.	0.			PEDIATRIC CANCER RESEARCH
TAP CANCER OUT 2 ENTERPRISE DRIVE SHELTON, CT 06484	90-0694278	501C(3)	25,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WAY NE - SEATTLE, WA 98105	91-1156519	501C(3)	63,300.	0.			PEDIATRIC CANCER RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 1000 WELCH RD. - PALO ALTO, CA 94303	94-1156365	501C(3)	322,500.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA CRUZ - 1156 HIGH STREET MAIL STOP: SINSHEIMER 220 - SANTA CRUZ, CA 95060	94-1539563	501C(3)	3,325.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 550 16TH ST. - SAN FRANCISCO, CA 94158-2549	94-6036493	501C(3)	226,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - UC DAVIS 2425 STOCKTON BLVD. - SACRAMENTO, CA 95817	94-6036494	501C(3)	4,720.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 1640 MARENGO STREET LOS ANGELES, CA 90033-9263	95-1642394	501C(3)	1,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 505 S MAIN ST SUITE 940 - ORANGE COUNTY, CA 92868	95-2226406	501C(3)	98,918.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 10833 LE CONTE AVE. - LOS ANGELES, CA 90095-1752	95-6006143	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA LOS ANGELES - 650 CHARLES E YOUNG DR. - LOS ANGELES, CA 90095-1772	95-6006143	501C(3)	5,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU, HI 96822-2234	99-6000354	501C(3)	11,495.	0.			PEDIATRIC CANCER RESEARCH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
MEDICAL TRAVEL ASSISTANCE	463	919,116.	0.		
CANCER RESEARCH INDIVIDUAL GRANTS	32	37,000.	0.		

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:

GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS.

INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH

OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR

SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE

REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY

BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

2 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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	(i)	155,465.	0.	0.	0.	12,391.	167,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON SCOTT CO-EXECUTIVE DIRECTOR	(i)	149,455.	0.	0.	0.	18,057.	167,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

EXECUTIVE COMPENSATION PROCEDURE:

ALL COMPENSATION OR BENEFIT ADJUSTMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES ANNUAL CHANGES AFTER REVIEWING THE RESULTS OF AN ANNUAL PERFORMANCE REVIEW PERFORMED BY A SUBSET OF THE LEADERSHIP AND GOVERNANCE COMMITTEE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERIN FLYNN-BLAIR	SISTER OF ELIZABETH	21,025.	CONSULTANT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIN FLYNN-BLAIR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF ELIZABETH SCOTT, CO-EXECUTIVE DIRECTOR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

FOUNDATION

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

THE LIVES OF CHILDREN WITH CANCER THROUGH FUNDING IMPACTFUL RESEARCH,
RAISING AWARENESS, SUPPORTING, FAMILIES, AND EMPOWERING EVERYONE TO
HELP CURE CHILDHOOD CANCER.

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

- WE FUND PROMISING RESEARCH LEADING INTO EFFECTIVE AND LESS TOXIC
CURES FOR ALL TYPES OF PEDIATRIC CANCER AT INSTITUTIONS ACROSS THE
COUNTRY. OUR PROJECTS ARE SELECTED THROUGH A RIGOROUS PEER REVIEW
PROCESS. ALSF FOCUS ON EVERY ASPECT OF RESEARCH FROM SEED FUNDING FOR
EARLY INNOVATIVE IDEAS TO SUPPORTING CLINICAL TRIALS FOR NEW THERAPIES
FOR KIDS.

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

RESOURCES GEARED TOWARD FAMILIES OF CHILDREN WITH CANCER SO THAT
FAMILIES ARE EMPOWERED IN THEIR FIGHT AGAINST CHILDHOOD CANCER.

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

VIA THE TRAVEL FOR CARE PROGRAM IN 2020 WAS \$41,308.

- THE FOUNDATION PROVIDES A VARIETY OF VALUABLE INTERACTIVE RESOURCES
TO CHILDHOOD CANCER FAMILIES FROM SIBLING SUPPORT, CHILDHOOD CANCER
AMBASSADOR OPPORTUNITIES AND A TREATMENT JOURNAL FOR THE CHILDHOOD

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ALEXS LEMONADE STAND FOUNDATION	Employer identification number 56-2496146
---	--

CANCER JOURNEY.

FORM 990, PART VI, SECTION A, LINE 2:

JASON SCOTT AND ELIZABETH SCOTT ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6:

ALEX'S LEMONADE STAND FOUNDATION HAS ONE CLASS OF MEMBERS WHOSE VOTING AND OTHER RIGHTS AND INTERESTS SHALL BE EQUAL EXCEPT FOR THE RIGHTS GIVEN TO JASON SCOTT AND ELIZABETH SCOTT FOR APPOINTING AND REMOVING MEMBERS OF THE CORPORATION AS NOTED IN PART VI, LINE 7A.

FORM 990, PART VI, SECTION A, LINE 7A:

THE INITIAL MEMBERS OF THE CORPORATION CONSIST OF JASON SCOTT AND ELIZABETH SCOTT. THE INITIAL MEMBERS MAY, FROM TIME TO TIME, BY UNANIMOUS VOTE, NAME ONE OR MORE ADDITIONAL PERSONS TO BE MEMBERS OF THE CORPORATION. EACH MEMBER OF THE CORPORATION SHALL REMAIN A MEMBER UNTIL HIS OR HER RESIGNATION, DEATH, OR IN THE CASE OF ANY MEMBER NAMED BY THE INITIAL MEMBERS, HIS OR HER REMOVAL BY A UNANIMOUS VOTE OF THE INITIAL MEMBERS. UPON THE DEATH OR RESIGNATION OF THE LAST LIVING MEMBER OF THE CORPORATION, THOSE PERSONS THEN SERVING AS DIRECTORS OF THE CORPORATION SHALL, WITHOUT FURTHER ACTION, BECOME MEMBERS OF THE CORPORATION.

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

PRIOR TO FILING FORM 990, IT IS DISCUSSED WITH THE FINANCE COMMITTEE AND DISTRIBUTED TO THE FULL BOARD.

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

ALL BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY TO REVIEW UPON

Name of the organization ALEXS LEMONADE STAND FOUNDATION	Employer identification number 56-2496146
---	--

JOINING THE BOARD. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICTS THAT ARISE AND ARE NOT ALLOWED TO VOTE OR PARTICIPATE IN BOARD MATTERS FOR WHICH THEY HAVE A CONFLICT. THE SCIENTIFIC REVIEW BOARD MEMBERS ARE EACH GIVEN A CONFLICT OF INTEREST POLICY. MEMBERS RECUSE THEMSELVES FROM VOTING ON A PROJECT WHERE A CONFLICT OF INTEREST EXISTS.

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

EXECUTIVE COMPENSATION PROCEDURE:

ALL COMPENSATION OR BENEFIT ADJUSTMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES ANNUAL CHANGES AFTER REVIEWING THE RESULTS OF AN ANNUAL PERFORMANCE REVIEW PERFORMED BY A SUBSET OF THE LEADERSHIP AND GOVERNANCE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, HI, CA, MA, CT, FL, GA, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV

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

THE FOUNDATION'S FORM 990 IS AVAILABLE THROUGH THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990, FINANCIAL INFORMATION, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE ALL AVAILABLE UPON REQUEST THROUGH ALEX'S LEMONADE STAND FOUNDATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR GRANT REFUNDS 14,924.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR SELECTING AND

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

INDEPENDENT ACCOUNTANT AND FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENT. THE PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.