

# PUBLIC INSPECTION COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|   |  |                                  |  |
|---|--|----------------------------------|--|
| <b>A</b> For the 2018 calendar year, or tax year beginning  |  | , 2018, and ending               | , 20   |
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br>NATIONAL FOUNDATION FOR CANCER RESEARCH   |                                  | <b>D</b> Employer identification number<br>04-2531031  |
|   | Doing business as  |                                  | <b>E</b> Telephone number<br>(301) 654-1250  |
| <input type="checkbox"/> Address change   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>5515 SECURITY LANE 1105   |                                  | <b>G</b> Gross receipts \$ 14,845,391.   |
| <input type="checkbox"/> Name change  | City or town, state or province, country, and ZIP or foreign postal code<br>ROCKVILLE, MD 20852  |                                  |  |
| <input type="checkbox"/> Initial return   | <b>F</b> Name and address of principal officer: SUJUAN BA<br>5515 SECURITY LANE, SUITE 1105, ROCKVILLE, MD 20852   |                                  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Final return/terminated/Amended return   |  |                                  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| <input type="checkbox"/> Application pending  | <b>I</b> 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 |                                  | If "No," attach a list. (see instructions)   |
| <b>J</b> Website: ▶ WWW.NFCR.ORG  |  |                                  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  | <b>L</b> Year of formation: 1973 | <b>M</b> State of legal domicile: MA   |

| Part I Summary  |  |  |                             |
|---|--|--|-----------------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: TO SUPPORT CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO PREVENTION, EARLIER DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, A CURE FOR CANCER. |  |                             |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                             |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | 8.                          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | 8.                          |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>   | 32.                         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | 100.                        |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | 7,769.                      |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38                     | <b>7b</b>  | 28,717.  |                             |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year<br>11,921,451.  | Current Year<br>12,714,798. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 0.   | 0.                          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 740,805.   | 724,768.                    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 296,389.   | 257,329.                    |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 12,958,645.  | 13,696,895.                 |
|   | Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,704,783.                  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0.   | 0.                          |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 2,584,611.   | 2,859,084.                  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 50,237.  | 51,649.                     |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,708,060.             |  |  |                             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | 8,092,769.   | 8,238,769.                  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 13,432,400.  | 15,147,731.  |                             |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -473,755.  | -1,450,836.  |                             |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year<br>14,949,937.                                   | End of Year<br>13,294,160.  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 2,043,145.   | 2,997,583.                  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | 12,906,792.  | 10,296,577.                 |

| 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<br>09/05/2019                              |
|   | SUJUAN BA PRESIDENT & CEO<br>Type or print name and title       |                         |   |
| Paid Preparer Use Only  | Print/Type preparer's name<br>RICHARD L RUVELSON                | Preparer's signature    | Date<br>09/04/2019                              |
|   | Firm's name ▶ WITHUMSMITH+BROWN, PC                             | Firm's EIN ▶ 22-2027092 | Check <input type="checkbox"/> if self-employed |
|   | Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814-3423 | Phone no. 301-272-6000  | PTIN<br>P00234075                               |
| May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |                         |   |

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 5,627,446. including grants of \$ 3,998,229.) (Revenue \$ \_\_\_\_\_)

CANCER RESEARCH - SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 5,563,306. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

CANCER PREVENTION EDUCATION TO THE PUBLIC - SEE SCHEDULE O

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

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 11,190,752.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | X   |    |
| <b>3</b> 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  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .  |     | X  |
| <b>5</b> 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  |
| <b>6</b> 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   |    |
| <b>7</b> 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  |
| <b>8</b> 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  |
| <b>9</b> 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  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .   | X   |    |
| <b>11</b> 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.  |     |    |
| <b>a</b> 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>b</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  |
| <b>c</b> 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  |
| <b>d</b> 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   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .   | X   |    |
| <b>f</b> 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   |    |
| <b>12a</b> 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>b</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   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .  |     | X  |
| <b>b</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  |
| <b>15</b> 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  |
| <b>16</b> 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   |    |
| <b>17</b> 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> (see instructions). . . . .  | X   |    |
| <b>18</b> 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   |    |
| <b>19</b> 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  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | 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, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | 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  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

**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 . . . . .   |     | 30 |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     | 0  |
| 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)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 32  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .   | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | X   |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | X   |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | X   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>HONG KONG</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                              |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | X   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                       |     | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     | X  |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                     |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <b>13c</b>  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.             |     | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |     | X  |



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body and committees), 9 (unreachable officers).

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

Table with 4 columns: Question, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JOSEPH F FRANLIN<br>CHAIR                             | 10.00<br>0.  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) WENDI P DENNARD<br>TREASURER                          | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) JUDITH P BARNHARD<br>DIRECTOR                         | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) MICHAEL BURKE<br>DIRECTOR                             | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) PADMAKUMAR KAIMAL<br>DIRECTOR                         | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) GUS KODERSHA<br>DIRECTOR (AS OF 5/2018)               | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) WILLIAM SCANDONE<br>DIRECTOR (AS OF 5/2018)           | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) EDWARD S. WEST<br>DIRECTOR                            | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) FRANKLIN C. SALISBURY, JR.<br>CHIEF EXECUTIVE OFFICER | 40.00<br>2.00  |  |                       | X       |              |                              |        | 309,915.   | 0.  | 71,685.   |
| (10) SUJUAN BA<br>PRESIDENT/COO                           | 40.00<br>5.00  |  |                       | X       |              |                              |        | 318,810.   | 0.  | 72,099.   |
| (11) KWOK LEUNG<br>CFO/SECRETARY                          | 40.00<br>5.00  |  |                       | X       |              |                              |        | 179,493.   | 0.  | 28,603.   |
| (12) YI WANG<br>CHIEF STRTG Y OFF. - ALLIANCES            | 40.00<br>1.00  |  |                       |         |              | X                            |        | 202,005.   | 0.  | 32,493.   |
| (13) BRIAN WACHTEL<br>SR. DIR. PARTNERSHIPS & EVENTS      | 40.00<br>0.  |  |                       |         |              | X                            |        | 109,178.   | 0.  | 13,972.   |
| (14) BRADLEY GILLENWATER<br>SR. DIR. COMMUNICATIONS       | 40.00<br>2.00  |  |                       |         |              | X                            |        | 108,907.   | 0.  | 12,886.   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
|  |  |  |                       |         |              |                              |            |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              | 1,228,308. | 0.   | 231,738.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              | 1,228,308. | 0.   | 231,738.  |   |

**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 **▶** 6

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 9



**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |                      |                  |
|--|--|--|----------------------|--|---|--|----------------------|------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b> 59,730.  |                      |  |   |  |                      |                  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |  |   |  |                      |                  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b> 351,748.   |                      |  |   |  |                      |                  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |  |   |  |                      |                  |
|  | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>  |                      |  |   |  |                      |                  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b> 12,303,320.  |                      |  |   |  |                      |                  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   | 253,295.   |                      |  |   |  |                      |                  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  | ▶ 12,714,798.  |                      |  |   |  |                      |                  |
|  | <b>Program Service Revenue</b>   | <b>2a</b> _____  |                      |  |   |  | <b>Business Code</b> |                  |
| <b>b</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>c</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>d</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>e</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>f</b> All other program service revenue . . . . .                             |  |  |                      |  |   |  |                      |                  |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |  | ▶ 0.   |                      |  |   |  |                      |                  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . .  | ▶ 293,923.   |                      |  |   | 293,923.   |                      |                  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  | ▶ 0.   |                      |  |   |  |                      |                  |
|  | <b>5</b> Royalties . . . . .   | ▶ 14,936.  |                      |  |   |  |                      |                  |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   |                      |  |   |  |                      |                  |
|  |  | (ii) Personal  |                      |  |   |  |                      |                  |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |  |                      |                  |
|  |  | <b>c</b> Rental income or (loss) . . . . .                         |                      |  |   |  |                      |                  |
|  | <b>d</b> Net rental income or (loss) . . . . .   | ▶ 0.   |                      |  |   |  |                      |                  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   |                      |  |   |  |                      |                  |
|  |  | (ii) Other   |                      |  |   |  |                      |                  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |                      | 1,086,174.       |
|  |  | <b>c</b> Gain or (loss) . . . . .                                  |                      |  |   |  |                      | 430,845.         |
|  | <b>d</b> Net gain or (loss) . . . . .  | ▶ 430,845.   |                      |  |   |  |                      |                  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 351,748.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b> 36,978.   |                      |  |   |  |                      |                  |
|  |  | <b>b</b> Less: direct expenses . . . . .                           |                      |  |   |  |                      | <b>b</b> 62,322. |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                  |  | ▶ -25,344.   |                      |  |   |  |                      |                  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b> 0.  |  |                      |  |   |  |                      |                  |
|  | <b>b</b> Less: direct expenses . . . . .   |  | <b>b</b> 0.          |  |   |  |                      |                  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .   |  | ▶ 0.                 |  |   |  |                      |                  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b> 0.  |  |                      |  |   |  |                      |                  |
|  | <b>b</b> Less: cost of goods sold . . . . .  |  | <b>b</b> 0.          |  |   |  |                      |                  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |  | ▶ 0.                 |  |   |  |                      |                  |
| Miscellaneous Revenue  |  | <b>Business Code</b>   |                      |  |   |  |                      |                  |
| <b>11a</b> MAILING LIST RENTALS  | 541800   | 267,737.   |                      |  |   |  |                      |                  |
| <b>b</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>c</b> _____   |  |  |                      |  |   |  |                      |                  |
| <b>d</b> All other revenue . . . . .   |  |  |                      |  |   |  |                      |                  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      | ▶ 267,737.   |  |                      |  |   |  |                      |                  |
| <b>12 Total revenue.</b> See instructions. . . . .                               | ▶ 13,696,895.  |  | 7,769.               | 974,328.   |   |  |                      |                  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 3,784,543.            | 3,784,543.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 203,686.              | 203,686.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 10,000.               | 10,000.                         |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 980,605.              | 798,678.                        | 174,202.                               | 7,725.                      |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 1,519,461.            | 1,073,867.                      | 222,441.                               | 223,153.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 109,055.              | 70,060.                         | 16,269.                                | 22,726.                     |
| <b>9</b> Other employee benefits . . . . .  | 95,110.               | 50,993.                         | 32,674.                                | 11,443.                     |
| <b>10</b> Payroll taxes . . . . .   | 154,853.              | 114,924.                        | 24,735.                                | 15,194.                     |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 0.                    |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 134,004.              | 11,111.                         | 122,893.                               |                             |
| <b>c</b> Accounting . . . . .   | 42,520.               |                                 | 42,520.                                |                             |
| <b>d</b> Lobbying . . . . .   | 0.                    |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 51,649.               |                                 |  | 51,649.                     |
| <b>f</b> Investment management fees . . . . .   | 65,816.               |                                 | 65,816.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 249,537.              | 107,244.                        | 142,293.                               |                             |
| <b>12</b> Advertising and promotion . . . . .   | 129,253.              |                                 | 128,810.                               | 443.                        |
| <b>13</b> Office expenses . . . . .   | 294,652.              | 84,901.                         | 188,930.                               | 20,821.                     |
| <b>14</b> Information technology . . . . .  | 421,220.              | 290,449.                        | 4,014.                                 | 126,757.                    |
| <b>15</b> Royalties . . . . .   | 0.                    |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 243,669.              | 182,012.                        | 37,618.                                | 24,039.                     |
| <b>17</b> Travel . . . . .  | 47,935.               | 19,546.                         | 28,389.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 69,877.               | 69,877.                         |  |                             |
| <b>20</b> Interest . . . . .  | 0.                    |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 35,941.               | 26,661.                         | 5,753.                                 | 3,527.                      |
| <b>23</b> Insurance . . . . .   | 38,649.               | 28,657.                         | 6,183.                                 | 3,809.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> DIRECT MAIL PROGRAMS   | 6,268,258.            | 4,146,956.                      |  | 2,121,302.                  |
| <b>b</b> LOCK BOX SERVICE   | 121,989.              | 82,068.                         |  | 39,921.                     |
| <b>c</b> PROCESS FEES-LIST SALES  | 51,046.               | 34,519.                         |  | 16,527.                     |
| <b>d</b> MAJOR GIFT   | 19,832.               |                                 | 808.                                   | 19,024.                     |
| <b>e</b> All other expenses _____   | 4,571.                |                                 | 4,571.                                 |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 15,147,731.           | 11,190,752.                     | 1,248,919.                             | 2,708,060.                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 6,740,146.            | 4,664,361.                      |  | 2,075,785.                  |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 1,000.                   | <b>1</b>    | 1,000.             |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 2,565,486.               | <b>2</b>    | 1,167,990.         |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 0.                       | <b>3</b>    | 0.                 |
|   | <b>4</b> Accounts receivable, net . . . . .  | 119,157.                 | <b>4</b>    | 106,247.           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0.                       | <b>5</b>    | 0.                 |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0.                       | <b>6</b>    | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>    | 0.                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>    | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 424,444.                 | <b>9</b>    | 583,645.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 387,823.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 250,006.      |             |                    |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 9,104,342.               | <b>11</b>   | 7,370,729.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 442.                     | <b>12</b>   | 442.               |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 0.                       | <b>13</b>   | 0.                 |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>   | 0.                 |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 2,611,748.               | <b>15</b>   | 3,926,290.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 14,949,937.  | <b>16</b>                | 13,294,160. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,034,818.               | <b>17</b>   | 1,311,474.         |
|   | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b>   | 0.                 |
|   | <b>19</b> Deferred revenue . . . . .   | 8,327.                   | <b>19</b>   | 135.               |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0.                       | <b>20</b>   | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0.                       | <b>21</b>   | 0.                 |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0.                       | <b>22</b>   | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>   | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0.                       | <b>24</b>   | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 0.                       | <b>25</b>   | 1,685,974.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 2,043,145.               | <b>26</b>   | 2,997,583.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  | 9,308,044.               | <b>27</b>   | 7,141,083.         |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 1,433,990.               | <b>28</b>   | 1,213,987.         |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 2,164,758.               | <b>29</b>   | 1,941,507.         |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 12,906,792.  | <b>33</b>                | 10,296,577. |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 14,949,937.  | <b>34</b>                | 13,294,160. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 13,696,895. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 15,147,731. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -1,450,836. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 12,906,792. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -1,159,379. |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 10,296,577. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

**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 |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total   |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 14,884,024. | 13,729,474. | 13,952,247. | 11,921,451. | 12,714,798. | 67,201,994. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             | 0.          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             | 0.          |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 14,884,024. | 13,729,474. | 13,952,247. | 11,921,451. | 12,714,798. | 67,201,994. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |             |             |             |             |             | 0.          |
| <b>6 Public support.</b> Subtract line 5 from line 4  |             |             |             |             |             | 67,201,994. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>7</b> Amounts from line 4. . . . .  | 14,884,024. | 13,729,474. | 13,952,247. | 11,921,451. | 12,714,798. | 67,201,994. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . | 334,775.    | 372,780.    | 287,499.    | 296,562.    | 308,859.    | 1,600,475.  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                              | 7,420.      | 16,841.     | 9,182.      | 647.        |             | 34,090.     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .               | 363,577.    | 341,191.    | 348,604.    | 284,518.    | 259,968.    | 1,597,858.  |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |             |             |             |             |             | 70,434,417. |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . . | <b>14</b> | 95.41 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .                      | <b>15</b> | 94.65 % |

**16a 33 1/3% support test - 2018.** 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. . . . .

**b 33 1/3% support test - 2017.** 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 . . . . .

**17a 10%-facts-and-circumstances test - 2018.** 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. . . . .

**b 10%-facts-and-circumstances test - 2017.** 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 . . . . .

**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 . . . . .

**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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                          | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> 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 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 |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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> | <b>1</b> |    |
| <b>2</b> 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>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), 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>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> 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> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) 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>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> 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>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</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>   | <b>3b</b> |     |    |

**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.

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**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  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 . . . . .   |                             |  |   |
| b From 2014 . . . . .   |                             |  |   |
| c From 2015 . . . . .   |                             |  |   |
| d From 2016 . . . . .   |                             |  |   |
| e From 2017 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 . . . .  |                             |  |   |
| b Excess from 2015 . . . .  |                             |  |   |
| c Excess from 2016 . . . .  |                             |  |   |
| d Excess from 2017 . . . .  |                             |  |   |
| e Excess from 2018 . . . .  |                             |  |   |

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION        | 2014            | 2015            | 2016            | 2017            | 2018            | TOTAL             |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| MAILING LIST SALES | 363,577.        | 341,191.        | 348,604.        | 284,518.        | 259,968.        | 1,597,858.        |
| <b>TOTALS</b>      | <u>363,577.</u> | <u>341,191.</u> | <u>348,604.</u> | <u>284,518.</u> | <u>259,968.</u> | <u>1,597,858.</u> |

**Schedule of Contributors**

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

|   |  |
|---|--|
| Name of the organization<br>NATIONAL FOUNDATION FOR CANCER RESEARCH | Employer identification number<br>04-2531031 |
|---|--|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **NATIONAL FOUNDATION FOR CANCER RESEARCH**

Employer identification number  
**04-2531031**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 610,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ 891,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ____       | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ____       | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ____       | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |

Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number  
04-2531031

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____               | _____               | _____           | _____                               |
| _____               | _____               | _____           | _____                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and other details.

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.

Table with 2 columns: Description, Amount. Rows include revenue and assets for art collections and financial gain.

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 8,699,102.       | 8,164,316.     | 7,627,682.         | 7,771,063.           | 7,621,530.          |
| <b>b</b> Contributions . . . . .                                  | 7,119,860.       | 3,394,266.     | 3,687,809.         | 3,491,261.           | 3,324,595.          |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | -271,815.        | 213,282.       | 22,308.            | -158,768.            | 142,232.            |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 5,150,164.       | 3,072,762.     | 3,173,483.         | 3,475,874.           | 3,317,294.          |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 10,396,983.      | 8,699,102.     | 8,164,316.         | 7,627,682.           | 7,771,063.          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 67.8600 %
  - b** Permanent endowment ▶ 18.6700 %
  - c** Temporarily restricted endowment ▶ 13.4700 %
- 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 |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 26,890.                         | 2,739.                       | 24,151.        |
| <b>d</b> Equipment . . . . .   |                                      | 360,933.                        | 247,267.                     | 113,666.       |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 137,817.       |

**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<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (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) AMOUNT HELD IN TRUST BY OTHERS  | 2,339,933.     |
| (2) RIGHT OF USE ASSET  | 1,586,357.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► | 3,926,290.     |

**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) LEASE LIABILITY   | 1,685,974.     |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 1,685,974.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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 . . . . .        |    | <b>1</b>    | 12,594,665. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |             |             |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a | -1,159,379. |             |
| b | Donated services and use of facilities . . . . .  | 2b | 20,000.     |             |
| c | Recoveries of prior year grants . . . . .   | 2c |             |             |
| d | Other (Describe in Part XIII.) . . . . .  | 2d | 111,000.    |             |
| e | Add lines 2a through 2d . . . . .   |    | <b>2e</b>   | -1,028,379. |
| 3 | Subtract line 2e from line 1 . . . . .  |    | <b>3</b>    | 13,623,044. |
| 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 | 65,816.     |             |
| b | Other (Describe in Part XIII.) . . . . .  | 4b | 8,035.      |             |
| c | Add lines 4a and 4b . . . . .   |    | <b>4c</b>   | 73,851.     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | <b>5</b>    | 13,696,895. |

**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 . . . . .                       |    | <b>1</b>  | 15,436,106. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |           |             |
| a | Donated services and use of facilities . . . . .   | 2a | 20,000.   |             |
| b | Prior year adjustments . . . . .   | 2b |           |             |
| c | Other losses . . . . .   | 2c |           |             |
| d | Other (Describe in Part XIII.) . . . . .   | 2d | 342,226.  |             |
| e | Add lines 2a through 2d . . . . .  |    | <b>2e</b> | 362,226.    |
| 3 | Subtract line 2e from line 1 . . . . .   |    | <b>3</b>  | 15,073,880. |
| 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 | 65,816.   |             |
| b | Other (Describe in Part XIII.) . . . . .   | 4b | 8,035.    |             |
| c | Add lines 4a and 4b . . . . .  |    | <b>4c</b> | 73,851.     |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | <b>5</b>  | 15,147,731. |

**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.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS:

THE PRINCIPAL ACTIVITIES OF NFCR ARE RAISING FUNDS AND FIGHTING CANCER THROUGH RESEARCH IN PREVENTION, EARLIER DIAGNOSTIC TECHNIQUES, MORE EFFECTIVE TREATMENTS AND ULTIMATELY, ACHIEVING ONE OF MEDICINES GREATEST GOALS: CURING CANCER TO SAVE LIVES. THE FOUNDATION FULFILLS THIS MISSION BY FUNDING ACROSS THE WORLD OUTSTANDING SCIENTISTS THAT PIONEER CANCER RESEARCH AND FUNDING CANCER PREVENTION EDUCATION PROGRAMS. THE DESIGNATED NET ASSETS, TEMPORARILY RESTRICTED NET ASSETS, AND PERMANENTLY RESTRICTED NET ASSETS ALL ARE INTENDED TO PROVIDE FUNDING FOR SUCH RESEARCH AND EDUCATION PROGRAMS.

PART X, LINE 2 - FIN 48 FOOTNOTE:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN AND ACCRUE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN AND CONCLUDED THAT AS OF DECEMBER 31, 2018 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE NJCR AND AFFILIATES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIOD PRESENTED IN THESE FINANCIAL STATEMENTS. SHOULD SUCH PENALTIES AND INTEREST BE INCURRED, THE FOUNDATION'S POLICY IS TO RECOGNIZE THEM AS GENERAL AND ADMINISTRATIVE EXPENSES ON THE STATEMENT OF ACTIVITIES.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER REVENUES INCLUDED ON FINANCIALS, NOT FORM 990:

\$111,000 - RELATED ORGANIZATIONS' REVENUES

PART XI, LINE 4B - OTHER

\$8,035 - FOREIGN TAXES WITHHOLDING ON INVESTMENT INCOME DEDUCTED FROM  
REVENUES ON FINANCIAL STATEMENTS

PART XII, LINE 2D - OTHER EXPENSES INCLUDED ON FINANCIALS, NOT FORM 990:

\$342,226 - RELATED ORGANIZATIONS' EXPENSES

PART XII, LINE 4B - OTHER

\$8,035 - FOREIGN TAXES WITHHOLDING ON INVESTMENT INCOME DEDUCTED FROM  
REVENUES ON FINANCIAL STATEMENTS

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

**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 |
|---|-------------------------------------|--|--|--|--|
| (1)   |                                     |  |  |  |  |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                |                                     |  |  |  |  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |  |  |  |

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

Schedule F (Form 990) 2018

**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) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**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) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) RESEARCH REVIEW             | EUROPE/ICELAND/GREENLAND | 1.                       | 5,000.                   | CHECK                           |                                  |                                       |   |
| (2) RESEARCH REVIEW             | EAST ASIA/PACIFIC        | 1.                       | 5,000.                   | CHECK                           |                                  |                                       |   |
| (3)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (4)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (5)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (6)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (7)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (8)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (9)                             |                          |                          |                          |                                 |                                  |                                       |   |
| (10)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (11)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (12)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (13)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (14)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (15)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (16)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (17)                            |                          |                          |                          |                                 |                                  |                                       |   |
| (18)                            |                          |                          |                          |                                 |                                  |                                       |   |

**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).

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

**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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a 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 |                                   |   |   |
| 1<br>ATTACHMENT 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 6,514,714.                        | 51,649.   | 6,463,065.  |

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.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN,  
KS, KY, ME, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WY,

**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                |
|-----------------|--|--------------|----------------|------------------|---------------------------------|
|                 |  | DAFFODILS    | PLAY 4 THE CUR | 50               | (add col. (a) through col. (c)) |
|                 |  | (event type) | (event type)   | (total number)   |                                 |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 123,259.     | 211,207.       | 54,260.          | 388,726.                        |
|                 | <b>2</b> Less: Contributions . . . . .   | 86,281.      | 211,207.       | 54,260.          | 351,748.                        |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 36,978.      |                | 0.               | 36,978.                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |              |                |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |              |                |                  |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .   |              |                |                  |                                 |
|                 | <b>7</b> Food and beverages . . . . .  | 19,437.      |                |                  | 19,437.                         |
|                 | <b>8</b> Entertainment . . . . .   | 3,920.       |                |                  | 3,920.                          |
|                 | <b>9</b> Other direct expenses . . . . .   | 1,889.       | 21,408.        | 15,668.          | 38,965.                         |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |              |                |                  | 62,322.                         |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |              |                |                  | -25,344.                        |

**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)) |
|---|--|---|---|---|--|
|   |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|   | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|   | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|   | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|   | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   |   |  |
| <b>8</b> 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 | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 explanation 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).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF<br>FUNDRAISER                                     | ACTIVITY               | DID FUNDRAISER HAVE<br>CUSTODY OR CONTROL<br>OF CONTRIBUTIONS? |    | GROSS RECEIPTS<br>FROM ACTIVITY | AMOUNT PAID TO<br>(OR RETAINED BY<br>FUNDRAISER | AMOUNT PAID TO<br>(OR RETAINED BY<br>ORGANIZATION |
|---|------------------------|--|----|---------------------------------|---|---|
|   |                        | YES  | NO |                                 |   |   |
| MERKLE INC<br><br>7001 COLUMBIA GATEWAY DRIVE<br>COLUMBIA<br>MD 21046 | DIRECT MAIL<br>COUNSEL |  | X  | 6,514,714.                      | 51,649.   | 6,463,065.  |

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

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

- 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
- 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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) THE TRANSLATIONAL GENOMICS RESEARCH INSTITU<br>445 NORTH FIFTH ST. PHOENIX, AZ 85004 | 75-3065445 | 501(C)(3)                       | 98,413.                  |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (2) ALBERT EINSTEIN COLLEGE OF MEDICINE<br>1300 MORRIS PARK AVE. BRONX, NY 10461         | 47-2209056 | 501(C)(3)                       | 93,652.                  | 47,159.                           | FMV   | CHEMICALS & MATERIAL                  | RESEARCH CONTRACTS                 |
| (3) CASE WESTERN RESERVE UNIVERSITY<br>10900 EUCLID AVENUE CLEVELAND, OH 44106           | 34-1018992 | 501(C)(3)                       | 86,437.                  |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (4) DANA-FARBER CANCER INSTITUTE<br>44 BINNEY ST. BOSTON, MA 02115                       | 04-2263040 | 501(C)(3)                       | 100,000.                 |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (5) MASSACHUSETTS GENERAL HOSPITAL<br>PO BOX 414876 BOSTON, MA 02241                     | 04-1564655 | 501(C)(3)                       | 312,790.                 | 44,987.                           | FMV   | CHEMICALS & MATERIAL                  | RESEARCH CONTRACTS                 |
| (6) THE SCRIPPS RESEARCH INSTITUTE<br>10550 N TORREY PINES RD LA JOLLA, CA 92037         | 33-0435954 | 501(C)(3)                       | 100,000.                 |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (7) UNIVERSITY OF TEXAS - M.D. ANDERSON CANCER<br>PO BOX 4390 HOUSTON, TX 77210          | 74-6001118 | 501(C)(3)                       | 39,889.                  |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (8) UNIVERSITY OF MARYLAND<br>220 ARCH ST. BALTIMORE, MD 21201                           | 52-6002033 | 501(C)(3)                       | 100,000.                 |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (9) VIRGINIA COMMONWEALTH UNIVERSITY<br>PO BOX 980568 RICHMOND, VA 23298                 | 54-6001758 | 501(C)(3)                       | 100,000.                 | 20,000.                           | FMV   | CHEMICALS & MATERIAL                  | RESEARCH CONTRACTS                 |
| (10) KUMC RESEARCH INSTITUTE, INC<br>3901 RAINBOW BLVD KANSAS CITY, KS 66103             | 48-1108830 | 501(C)(3)                       | 86,242.                  |                                   |   |                                       | RESEARCH CONTRACTS                 |
| (11) UNIVERSITY OF PENNSYLVANIA<br>3451 WALNUT ST PHILADELPHIA, PA 19104                 | 23-1352685 | 501(C)(3)                       | 100,000.                 | 15,000.                           | FMV   | CHEMICALS & MATERIAL                  | RESEARCH CONTRACTS                 |
| (12) SCOTTSDALE HEALTHCARE CORP<br>8125 N. HAYDEN RD SCOTTSDALE, AZ 85258                | 94-2735850 | 501(C)(3)                       | 87,800.                  |                                   |   |                                       | CANCER HOTLINE                     |

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

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

- 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
- 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 |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> WAKE FOREST UNIVERSITY HEALTH SCIENCES<br>MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157    | 22-3849199 | 501(C)(3)                       | 113,645.                 | 20,000.                           | FMV   | CHEMICALS & MATERIAL                  | RESEARCH CONTRACTS                 |
| <b>(2)</b> INVAMET THERAPEUTICS LLC<br>251 LITTLE FALLS DRIVE WILMINGTON, DE 19808                  | 82-1967545 |                                 | 225,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(3)</b> NONPARIEL BIOTECHNOLOGIES LLC<br>2010 CORPORATE RIDGE MCLEAN, VA 22102                   | 47-5684209 |                                 | 125,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(4)</b> ONCOKIDS BIOSCIENCES<br>43 KENT ST #1 BROOKLINE, MA 02445                                | 82-3410836 |                                 | 100,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(5)</b> STROMATIS PHARMA LLC<br>225 GARLAND HILL DR ATHENS, GA 30605                             | 82-2219124 |                                 | 125,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(6)</b> INTERLEUKIN COMBINATORIAL THERAPIES, INC.<br>251 LITTLE FALLS DRIVE WILMINGTON, DE 19808 | 82-3395941 |                                 | 200,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(7)</b> GLOBAL COALITION FOR ADAPTIVE RESEARCH, INC<br>PO BOX 427 LEXINGTON, MA 02420            | 82-1199380 | 501(C)(3)                       | 562,688.                 |                                   |   |                                       | RESEARCH CONTRACTS                 |
| <b>(8)</b> SILCSBIO, LLC<br>8 MARKET PLACE #300 BALTIMORE, MD 21230                                 | 45-5174923 |                                 | 100,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(9)</b> TVARDI THERAPEUTICS, INC.<br>7000 FANNIN STREET #1960M HOUSTON, TX 77030                 | 82-3784554 |                                 | 500,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(10)</b> YIVIVA, INC.<br>447 BROADWAY #2F NEW YORK, NY 10013                                     | 81-1602368 |                                 | 100,000.                 |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(11)</b> VITANOVA BIOMEDICAL, INC.<br>222 SID. BAKER ST #365 KERRVILLE, TX 78028                 | 47-1205206 |                                 | 25,000.                  |                                   |   |                                       | TRANSLATIONAL RESEARCH GRANT       |
| <b>(12)</b>   |            |                                 |                          |                                   |   |                                       |                                    |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- Enter total number of other organizations listed in the line 1 table ▶ 9.

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

Schedule I (Form 990) (2018)

**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 non-cash assistance |
|------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 CANCER RESEARCH                  | 4.                       | 111,029.                 |                                   |   |  |
| 2 RESEARCH REVIEW                  | 4.                       | 65,000.                  |                                   |   |  |
| 3 CANCER RESEARCH REWARD           | 2.                       | 25,000.                  |                                   |   |  |
| 4 TRAVEL FOR CANCER RESEARCH EVENT | 5.                       | 2,657.                   |                                   |   |  |
| 5                                  |                          |                          |                                   |   |  |
| 6                                  |                          |                          |                                   |   |  |
| 7                                  |                          |                          |                                   |   |  |

**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 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN USA:

GRANT AND CONTRACT RECIPIENTS ARE REQUIRED TO SUBMIT QUARTERLY

EXPENDITURE REPORTS AND ANNUAL PROGRESS REPORTS TO NFCR.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

04-2531031

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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? **4a**  **4a**  **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  **4b**  **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  **4c**  **4c**
- 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? **5a**  **5a**  **5a**
- b** Any related organization? **5b**  **5b**  **5b**
- 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? **6a**  **6a**  **6a**
- b** Any related organization? **6b**  **6b**  **6b**
- 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 |
|-----------|-----|----|
|           |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
|           |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
|           |     |    |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
|           |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
|           |     |    |
| <b>7</b>  |     | X  |
|           |     |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2018

**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 FRANKLIN C. SALISBURY,<br>CHIEF EXECUTIVE OFFICER | (i)  | 308,727.   | 0.                                  | 1,188.                              | 53,000.  | 18,685.                 | 381,600.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 SUJUAN BA<br>PRESIDENT/COO                        | (i)  | 318,036.   | 0.                                  | 774.                                | 53,000.  | 19,099.                 | 390,909.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 KWOK LEUNG<br>CFO/SECRETARY                       | (i)  | 178,719.   | 0.                                  | 774.                                | 26,808.  | 1,795.                  | 208,096.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 4 YI WANG<br>CHIEF STRTG OFF. - ALLIANCES           | (i)  | 200,817.   | 0.                                  | 1,188.                              | 30,178.  | 2,315.                  | 234,498.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16  | (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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

**Part I** Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles. . . . .   |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 13.  | 106,151.   | STOCK MARKET VALUE   |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( ATCH 1 ) . . . . .  |                               | 6.   | 147,146.   |  |
| 26 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 27 Other ▶ ( ) . . . . .   |                               |  |  |  |
| 28 Other ▶ ( ) . . . . .   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u>    | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|-----------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| CHEMICALS & MATERIALS | X                | 6.                                 | 147,146.                     | FMV                              |
| TOTALS                |                  | <u>6.</u>                          | <u>147,146.</u>              |                                  |

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2018**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

PART III, LINE 1 - ORGANIZATION'S MISSION:

THE NATIONAL FOUNDATION FOR CANCER RESEARCH ("NFCR") IS A LEADING PUBLIC CHARITY DEDICATED TO FUNDING CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO CANCER PREVENTION, EARLIER DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, CURES FOR CANCER. NFCR PROMOTES AND FACILITATES COLLABORATION AMONG SCIENTISTS TO ACCELERATE THE PACE OF DISCOVERY FROM BENCH TO BEDSIDE.

SINCE 1973, NFCR HAS PROVIDED MORE THAN \$380 MILLION IN SUPPORT OF DISCOVERY-ORIENTED CANCER RESEARCH FOCUSED ON UNDERSTANDING HOW AND WHY CELLS BECOME CANCEROUS, AND ON PUBLIC EDUCATION RELATING TO CANCER PREVENTION, DETECTION, AND TREATMENT. NFCR SCIENTISTS ARE DISCOVERING CANCER'S MOLECULAR MYSTERIES AND TRANSLATING THEIR DISCOVERIES INTO THERAPIES THAT HOLD THE HOPE FOR CURING CANCER.

NFCR-FUNDED RESEARCHERS ARE MAKING PROGRESS EVERY DAY IN THEIR PURSUIT OF CANCER CURES, AND THIS IS ONLY POSSIBLE WITH THE FINANCIAL SUPPORT OF MILLIONS OF DONORS NATIONWIDE. ONE STEP AT A TIME, WE ARE GETTING CLOSER TO OUR ULTIMATE GOAL-CURING CANCER, ALL TYPES OF CANCER. FOR MORE INFORMATION, PLEASE VISIT [WWW.NFCR.ORG](http://WWW.NFCR.ORG).

PART III, LINE 4A - CANCER RESEARCH PROGRM ACCOMPLISHMENTS:

HIGHLIGHTS OF RESEARCH ACCOMPLISHMENTS  
=====

WITH SUPPORT FROM OUR GENEROUS DONORS, NFCR-FUNDED SCIENTISTS HAVE MADE NUMEROUS REMARKABLE ADVANCES IN THE FIGHT AGAINST CANCER. THEIR RESEARCH

|   |  |
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ENCOMPASSES A WIDE VARIETY OF FIELDS, MANY OF WHICH COULD ULTIMATELY LEAD TO A CURE FOR THIS DEADLY DISEASE.

A FEW OF THE KEY PROGRESSES ACHIEVED BY NFCR SCIENTISTS IN 2018:

20 CANCER BIOMARKERS - IDENTIFICATION OR EVALUATION OF GENETIC PIECES OF CANCER'S VULNERABILITIES THAT MAY LEAD DOCTORS TO EARLIER DIAGNOSES AND PRECISION TREATMENTS.

8 NEW DRUG CANDIDATES AND POTENTIAL THERAPEUTICS - IDENTIFICATION OF ANTICANCER AGENTS THAT COULD LEAD TO NEW TREATMENT OPTIONS DESPERATELY NEEDED BY PATIENTS.

19 CANCER-RELATED GENES AND PROTEINS - DISCOVERY AND FURTHER EXPLORATION OF KEY CANCER MOLECULES WHICH COULD PROVIDE NEW TARGETS FOR DRUG DEVELOPMENT.

NOTABLE RESEARCH HIGHLIGHTS

=====

IDENTIFYING PATIENTS LIKELY TO RESPOND TO IMMUNOTHERAPY

-----

IMMUNOTHERAPY FOR METASTATIC MELANOMA REMARKABLY INCREASES SURVIVAL FOR SOME PATIENTS BEYOND TEN YEARS. FOR OTHERS, THE RESPONSE IS MINIMAL AND INEFFECTIVE TREATMENT MAY CONTINUE BEFORE STANDARD TESTS CONFIRM THE LACK OF RESPONSE. MONITORING AN EARLY RESPONSE TO IMMUNOTHERAPY IS A

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CHALLENGE. ASSESSING LOCAL IMMUNE RESPONSE FROM INVASIVE SERIAL TUMOR BIOPSIES FROM SINGLE METASTATIC SITES MAY NOT REPRESENT OTHER METASTATIC SITES - THE TUMOR BURDEN - IN MELANOMA, A CANCER CAUSED BY VARIOUS GENES. TO ADDRESS THIS CHALLENGE, DR. DANIEL HABER'S TEAM WILL USE THEIR PREVIOUSLY DEVELOPED LIQUID BIOPSY BLOOD TEST THAT CAPTURES CIRCULATING TUMOR CELLS (CTCS) SHED FROM ALL TUMOR SITES AND PRESENT IN PATIENT'S BLOOD SAMPLES. THEY HAVE DISCOVERED A SIGNATURE PANEL OF 19 RNA MOLECULES EXPRESSED IN CAPTURED MELANOMA CTCS THAT CAN BE 'SCORED' TO MEASURE TUMOR BURDEN IN RESPONSE TO THERAPY. CTC RNA SCORING BLOOD TEST AT 7 WEEKS OF THERAPY CORRELATED WITH MARKED IMPROVEMENT IN SURVIVAL WITHOUT TUMOR GROWTH. EARLY ASSESSMENT OF TREATMENT RESPONSE CAN GUIDE APPLICATION OF IMMUNOTHERAPY. MOREOVER, CTC RNA SIGNATURES MAY ALSO BE IDENTIFIED IN OTHER CANCERS. DANIEL HABER, M.D., PH.D.

COMBINATION THERAPY FOR RESISTANT LUNG CANCER

-----

THE CORNERSTONE OF TREATMENT FOR PATIENTS WITH ALK-POSITIVE NON-SMALL CELL LUNG CANCER (NSCLC) IS 'ON TARGET' THERAPIES TARGETING THE CANCER-PROMOTING ALK PROTEINS. THESE THERAPIES HAVE DRAMATICALLY IMPROVED THE OUTLOOK FOR PATIENTS, BUT, EVENTUALLY, ALMOST ALL PATIENTS WILL DEVELOP RESISTANCE. THEIR TUMORS WILL HAVE DEVELOPED 'OFF-TARGET' MECHANISMS OF RESISTANCE THAT ACTIVATE DOWNSTREAM GROWTH SIGNALING PATHWAYS BYPASSING ALK. TO DEVELOP A TREATMENT FOR 'OFF-TARGET' RESISTANCE, A PANEL OF RESISTANT CELL LINES DERIVED FROM PATIENTS SCREENED WITH AN RNA LIBRARY IDENTIFIED IS SHP2 PROTEIN. A SHP2 INHIBITOR

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COMBINED WITH ON-TARGET ALK INHIBITOR IN PATIENT-DERIVED CELL LINES INHIBITED CANCER CELL GROWTH. AFTER EFFICACY OF THE TWO DRUGS IS ESTABLISHED IN PRE-CLINICAL MODELS, A FIRST-IN-MAN PHASE 1 CLINICAL TRIAL TREATING ALK-POSITIVE NSCLC PATIENTS WILL DETERMINE IF THE COMBINATION THERAPY CAN OVERCOME RESISTANCE. COMBINATION THERAPY COULD BECOME A FRONT-LINE THERAPY, AND IMPROVE THE CHANCE OF A DURABLE AND COMPLETE REMISSION - BRINGING PATIENTS ONE STEP CLOSER TO A CURE. ALICE T. SHAW, M.D., PH.D.

NEW APPROACHES TO TREATING PANCREATIC CANCER

-----

PANCREATIC CANCER, THE 3RD LEADING CAUSE OF CANCER DEATH IN THE U.S., HAS A 5-YEAR SURVIVAL RATE OF LESS THAN 9%. ONE REASON CURRENT TREATMENTS HAVE LIMITED ACTIVITY IS TUMORS ARE SURROUNDED BY STROMA - DENSE FIBROTIC TISSUE OF IMMUNE CELLS, FAT CELLS, STEM CELLS, FIBROBLASTS AND OTHER CELLS. STROMA INTERACTS WITH CANCER CELLS, CONTRIBUTING TO ITS AGGRESSIVENESS AND DRUG RESISTANCE. ALSO, PANCREATIC CANCER CELLS THEMSELVES UNDERGO THE EMT (EPITHELIAL-MESENCHYMAL TRANSITION) PROCESS THAT ALLOWS THE CELLS TO METASTASIZE AND RESIST TREATMENT. NFCR SCIENTISTS ARE DEVELOPING NEW TREATMENTS FOR PANCREATIC CANCER BY TARGETING THE STROMA AND THE EMT PROCESS. WITH BIOPSY SAMPLES FROM HUMAN TUMORS AND LAB MODELS, SINGLE CELL RNA SEQUENCING IDENTIFIES ALL RNA EXPRESSED IN INDIVIDUAL CELLS, REVEALING THE DISTINCT CELL TYPES AND SIGNALING PATHWAYS THAT CHARACTERIZE EACH CELL POPULATION. FROM THESE RESULTS, THERAPIES BETTER TAILORED TO A PATIENT'S TUMOR ARE BEING

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SELECTED TO TREAT PANCREATIC CANCER PATIENTS IN A PILOT CLINICAL TRIAL. EMT INHIBITORS ARE FIRST TESTED IN AN EMT ASSAY USING ZEBRAFISH AS A MODEL, BEFORE TESTING IN PANCREATIC CANCER MODELS. IN THIS ERA OF PRECISION ONCOLOGY, THE BEST DRUGS MATCHED TO THE INDIVIDUAL'S TARGETS MAY FURTHER IMPROVE CARE OF PANCREATIC CANCER PATIENTS WHO HAVE NO OTHER OPTIONS. DANIEL VON HOFF, M.D.

MAKING INROADS TO DEFEAT METASTASIS

-----

AT LEAST 90% OF CANCER DEATHS ARE DUE TO A TUMOR'S SPREAD OR METASTASIS TO VITAL ORGANS IN OUR BODY. DR. DANNY WELCH, WITH NFCR FUNDS, HAS PREVIOUSLY DISCOVERED EIGHT OF THE 35 KNOWN METASTASIS SUPPRESSOR GENES. IN METASTASIS, MANY OF THESE GENES ARE UNDER-EXPRESSED AND PRODUCE MINIMAL OR NON-EXISTENT LEVELS OF THEIR PROTEINS, ALLOWING CANCER TO SPREAD. IN KISS1 AND BRMS1 GENES, HIS TEAM HAS IDENTIFIED DOMAINS (SMALL REGIONS) IN EACH PROTEIN THAT ARE CRUCIAL IN SUPPRESSING METASTASIS AND INTERACTING WITH POTENTIAL PROTEIN PARTNERS. THE IDEA IS TO DEVELOP SMALL MOLECULES THAT MIMIC THE ACTIVITY OF THE DOMAINS AND CAN FUNCTION AS A COMPLETE PROTEIN TO SUPPRESS METASTASIS. IN OTHER RESEARCH, DR. WELCH HAS DEVELOPED A COMPLEX METASTASIS CANCER MODEL WHEREIN SMALL GENETIC CHANGES (SINGLE NUCLEOTIDE POLYMORPHISMS) MAY BETTER EXPLAIN RACIAL DISPARITIES IN TUMOR DEVELOPMENT, AS WELL AS BETTER PREDICT METASTASIS AND PATIENT SURVIVAL. A GENETIC TEST ON A PATIENT'S BLOOD SAMPLE MAY HELP DOCTORS PLAN TREATMENTS MORE CAREFULLY. DANNY R. WELCH, PH.D.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

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RESEARCH IDENTIFIES POTENTIAL GUIDANCE FOR GASTRIC CANCER TREATMENT

-----

RESEARCHERS FROM WAKE FOREST BAPTIST MEDICAL CENTER AND TIANJIN MEDICAL UNIVERSITY CANCER INSTITUTE AND HOSPITAL (TMUCIH) HAVE DISCOVERED THAT GASTRIC CANCER TISSUE SAMPLES BEARING MUTATION OF A SPECIFIC GENE, MUC16, TOO ARE ASSOCIATED WITH HIGHER TUMOR MUTATION LOADS. ALSO KNOWN AS TUMOR MUTATION BURDENS, MEASUREMENT OF HIGH GENETIC MUTATION RATES AMONG CANCEROUS VERSUS HEALTHY TISSUE HAS INCREASINGLY BEEN SHOWN TO CORRELATE WITH EFFECTIVE RESPONSE RATES TO IMMUNOTHERAPY. THE KNOWLEDGE COULD BODE POSITIVELY FOR PATIENTS WITH THE BIOMARKER PRESENT. TUMORS WITH HIGHER TUMOR MUTATION LOADS TEND TO BE MORE RESPONSIVE TO IMMUNOTHERAPY. THE AUTHORS STRESS THE IMPLICATIONS THAT THIS AND OTHER PROVEN BIOMARKERS HAVE ON THE ABILITY OF ONCOLOGISTS TO DESIGN CANCER TREATMENTS MOST LIKELY TO SUCCEED. FINDINGS FROM THIS STUDY, FOR EXAMPLE, COULD SERVE TO OPEN IMMUNOTHERAPY OPTIONS FOR UP TO 38% OF GASTRIC CANCER PATIENTS. WEI ZHANG, PH.D.

ATTACKING METASTATIC TUMORS IN THE BRAIN

-----

A DISCOVERY BY NFCR SCIENTISTS AND COLLABORATORS COULD BE VERY IMPORTANT FOR PATIENTS WHOSE CANCERS HAVE SPREAD TO THE BRAIN. ABOUT 25% OF ALL BREAST CANCERS HAVE AN EXCESS OF HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2 (KNOWN AS HER 2 POSITIVE OR HER2+) WHICH SPREADS MORE QUICKLY THAN OTHER TYPES OF BREAST CANCER. HER2+ TARGETED THERAPIES TREAT HER2+ BREAST CANCER AND PATIENTS ARE IN REMISSION FOR YEARS OR LONGER. HOWEVER, UP TO



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50% OF THESE PATIENTS RECEIVING THESE TARGETED THERAPIES EVENTUALLY DEVELOP BRAIN METASTASES, WHICH ARE INEVITABLY FATAL. RESEARCH WITH TUMOR MODELS AND HUMAN CANCER SAMPLES HAS DETERMINED BREAST-CANCER-ASSOCIATED BRAIN LESIONS OVEREXPRESS ANOTHER RELATED FACTOR, HER3, AND THAT INHIBITING HER3 COULD HELP OVERCOME TREATMENT RESISTANCE. IMPORTANTLY, HER2 TARGETED THERAPY COMBINED WITH INHIBITORS TO HER3 SIGNIFICANTLY SLOWED BRAIN METASTATIC TUMOR GROWTH AND IMPROVED SURVIVAL IN TUMOR MODELS. THIS DISCOVERY COULD HAVE A SUBSTANTIAL IMPACT ON THE FUTURE DEVELOPMENT OF THERAPEUTIC STRATEGIES AND ULTIMATELY, PATIENT SURVIVAL FROM THIS DEADLY DISEASE. MOREOVER, SINCE HER3 EXPRESSION IS ASSOCIATED WITH TREATMENT RESISTANCE IN SEVERAL TYPES OF CANCER, THIS DISCOVERY COULD POTENTIALLY BENEFIT A MUCH BROADER GROUP OF PATIENTS. RAKESH JAIN, PH.D.

PART III, LINE 4B - CANCER PREVENTION EDUCATION TO THE PUBLIC:  
NFCR PROVIDES THE PUBLIC WITH FREE PUBLICATIONS CONTAINING VALUABLE INFORMATION ON THE MOST UP-TO-DATE CANCER PREVENTIVE MEASURES, TREATMENT OPTIONS, AND DIAGNOSTIC TOOLS. OUR POWERFUL MESSAGE MAILED TO TENS OF MILLIONS OF FAMILIES AND REACHING TENS OF THOUSANDS OF INDIVIDUALS THROUGH OUR SOCIAL MEDIA CHANNELS (TWITTER AND FACEBOOK) AND THROUGH OUR BLOGS, HELPS TO ASSURE THAT FEWER OF TODAY'S HEALTHY INDIVIDUALS WILL GET CANCER AND MORE OF TODAY'S CANCER PATIENTS WILL BECOME TOMORROW'S CANCER SURVIVORS. OUR PUBLIC EDUCATION MATERIALS INCLUDE EARLY CANCER DETECTION GUIDE, A CHILDHOOD CANCER CHART, CANCER PREVENTION KITS, RECIPES FOR HEALTHY LIVING, ELECTRONIC AND PRINTED NEWSLETTERS, THE LATEST CANCER HEADLINES, AND IN-DEPTH ONLINE CANCER INFORMATION.

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| Name of the organization<br>NATIONAL FOUNDATION FOR CANCER RESEARCH | Employer identification number<br>04-2531031 |
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PART VI, SECTION A, LINE 2 - DIRECTORS/OFFICERS WITH FAMILY RELATIONSHIPS:  
FRANKLIN SALISBURY, CEO, AND SUJUAN BA, PRESIDENT/COO, ARE HUSBAND AND WIFE.

PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990:  
THE NATIONAL FOUNDATION FOR CANCER RESEARCH'S PROCESS FOR REVIEWING THE FORM 990.

=====

1. FORM 990 WILL BE PREPARED AFTER ANNUAL AUDIT IS DONE.
2. THE FIRST DRAFT WILL BE REVIEWED BY THE CHIEF OPERATING OFFICER AND THE CHIEF FINANCIAL OFFICER.
3. AFTER RESOLVING ANY QUESTIONS OR UPDATES, THE REVISED DRAFT WILL BE SENT TO BOARD MEMBERS, PREFERABLY ELECTRONICALLY FOR THEIR REVIEW AND COMMENTS.
4. THE BOARD MEMBER'S COMMENTS, IF ANY, WILL BE INCORPORATED IN THE FINAL RETURN.
5. THE RETURN WILL BE FILED WITH THE IRS PRIOR TO THE DESIGNATED DUE DATE OR EXTENDED DUE DATE.
6. THE STATE VERSION WILL BE PROVIDED TO STATES FOR REGISTRATION RENEWALS AND THE PUBLIC PORTIONS OF THE RETURN WILL BE POSTED ON THE FOUNDATION'S WEBSITE.

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| Name of the organization<br>NATIONAL FOUNDATION FOR CANCER RESEARCH | Employer identification number<br>04-2531031 |
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7. IN THE OCCASION THAT THERE IS INSUFFICIENT TIME PRIOR TO FILING FORM 990 TO SHARE IT WITH THE BOARD, OR THERE IS ABSENCE OF AN OPPORTUNITY FOR ANY MEANINGFUL REVIEW OF FORM 990 BY THE BOARD PRIOR TO THE FILINGS DEADLINE, AN ELECTRONIC VERSION OF THE FILED RETURN WILL BE AVAILABLE FOR BOARD MEMEBER'S REVIEW AND COMMENTS AFTER SUBMISSION OF RETURN TO IRS. AN AMENDED RETURN IF NECESSARY, WILL BE FILED.

PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY COMPLIANCE: EACH DIRECTOR, PRIOR TO TAKING HIS/HER POSITION ON THE BOARD, AND ALL PRESENT DIRECTORS SHALL SUBMIT IN WRITING TO THE CHAIRMAN OF THE BOARD A LIST OF ALL BUSINESSES OR OTHER ORGANIZATIONS OF WHICH HE/SHE IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER SHAREHOLDER, EMPLOYEE OR AGENT, WITH WHICH THE FOUNDATION HAS, OR MIGHT REASONABLE IN THE FUTURE ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE DIRECTOR WOULD HAVE CONFLICTING INTEREST ANNUALLY.

PART VI, SECTION B, LINE 15A/15B - OFFICERS COMPENSATION: ON AN ANNUAL BASIS, THE BOARD WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS INCLUDES ALL OF THE FOLLOWING THREE ELEMENTS.

=====

1. REVIEW AND APPROVAL BY BOARD OF DIRECTORS: THE COMPENSATION OF EACH OFFICER IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. EACH

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OFFICER'S PERFORMANCE IS EVALUATED BASED ON HIS OR HER JOB RESPONSIBILITIES, AND INTERNAL AND EXTERNAL GOALS SET IN THE PREVIOUS YEAR.

2. REVIEW OF "COMPARABLE COMPENSATION" DATA: THE COMPENSATION OF EACH OFFICER IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPARABLE DATA ARE COMPILED BY THE FOUNDATION'S CHIEF FINANCIAL OFFICER AND/OR BY OUTSIDE COMPENSATION CONSULTANTS. COMPARABILITY DATA CAN INCLUDE COMPENSATION DATA FROM IRS FORM 990'S OF SIMILAR ORGANIZATIONS, PUBLISHED COMPENSATION SURVEYS, STUDIES AND GUIDES, AND OTHER SOURCES DEEMED APPROPRIATE AT THE TIME.

3. DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENT. THE RECORD IS KEPT BY THE SECRETARY OF THE FOUNDATION.

PART VI, SECTION C, LINE19-AVAILABILTY OF DOCUMENTS, POLICIES, AND F/S: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE.

PART IX, LINE 26, JOINT COSTS ALLOCATION:  
NFCR IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. FOR MORE THAN 40 YEARS, NFCR HAS BEEN COMMUNICATING WITH SUPPORTERS, DONORS, AND PROSPECTIVE

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DONORS BY EMAIL, POSTAL EMAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST CONTRIBUTIONS AND TO EDUCATE THE PUBLIC, THEREBY UPHOLDING NFCR'S MISSION STATEMENT (TO SUPPORT CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO THE PREVENTION, EARLY DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, A CURE FOR CANCER). THESE FREE PUBLICATIONS ARE SENT TO TENS OF MILLIONS OF FAMILIES AND INCLUDE MATERIALS SUCH AS EARLY DETECTION GUIDES, CHILDHOOD CANCER CHARTS, CANCER PREVENTION KITS AND RECIPES FOR HEALTHY LIVING. AS A RESULT, IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES SOP 98-2 (ASC 958-720), WE ALLOCATE A PORTION OF OUR DIRECT MAIL COST TO PROGRAM SERVICES AND TO FUNDRAISING.

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ATTACHMENT 1

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FORM 990, PART VI, LINE 17 - STATES

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

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ATTACHMENT 2

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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| REDFIELD DIRECT LLC<br>11422 MIRACLE HILLS DR #450<br>OMAHA, NE 68154 | LABEL PRINTING                 | 1,026,067.          |
| CALMARK GROUP LLC<br>6755 S. SAYRE AVE<br>BEDFORD PARK, IL 60638      | MAILSHOP                       | 776,111.            |
| CP DIRECT INC.<br>4600 A BOSTON WAY<br>LANHAM, MD 20706               | PRINTING                       | 624,044.            |
| KEY ACQUISITION PARTNERS  | LIST BROKER                    | 536,661.            |

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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| 181 HARRY S TRUMAN PKWY #265<br>ANNAPOLIS, MD 21401                    |                                |                     |
| MACKAY MITCHELL ENVELOPE CO<br>2100 ELM ST SE<br>MINNEAPOLIS, MN 55414 | ENVELOPE PRINTING              | 452,567.            |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) DARWIN FOUNDATION<br>5515 SECURITY LANE, SUITE 1105 ROCKVILLE, MD 20852<br>37-1473821   | CANCER RESEAR           | DC   | 501(C)3                    | 509(A)(3)   | NFCR                             | X  |    |
| (2) RESEARCH FOR A CURE<br>5515 SECURITY LANE, SUITE 1105 ROCKVILLE, MD 20852<br>01-0744146 | CANCER RESEAR           | DC   | 501(C)3                    | 509(A)(3)   | NFCR                             | X  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |
| (6)   |                         |  |                            |   |                                  |  |    |
| (7)   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2018

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | X   |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) DARWIN FOUNDATION               | R                             | 100,000.               | CASH   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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