Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	ne 201	3 calendar year, or tax	year begi	nning		, 2013	3, and end	ling			, 20	
_			C Name of organization							D Employer id	entifica	ation numbe	r
Во	heck if a	pplicable:	THE FIBROLAMEL	LAR CAN	CER FOUL	OLLACI	ON, INC.			27-034	1021		
	Addre		Doing Business As										
	7 1	s change	Number and street (or P.C). box if mail is	not delivered t	o street ac	ldress)	Room/suite	9	E Telephone n	umber		
	┪	l return	20 HORSENECK L	ANE						(203) 86	2-31	196	
	Term		City or town, state or provi		and ZIP or fore	ign postal	code					****	
	Amer	nded	GREENWICH, CT	06830						G Gross receip	its \$	8	68,526.
		cation	F Name and address of prince		WITLE	AM BEI	ERMANN			H(a) Is this a gro			es X No
_	_ pendi	ing	20 HORSENECK L	•						subordinates H(b) Are all subord		luded?	es No
_	Tay.ov	empt st	1 1	501(c) (· ·		4947(a)(1)	or I	527	1 ' '		(see instruction	
÷			WWW.FIBROFOUNDAT			sert no.)	4541(a)(1)	01 1	J Z 1	H(c) Group exem		•	,
_						O4h		1 1/00		tion: 2009 M			cile: DE
			ization: X Corporation	Trust	Association	Othe	er 🕨	L Yea	rorionna	tion. 2009 IW	State	n legal ubilit	olle. Dis
	art I		nmary				··· CPE C	CITE DITE					
	1	Briefly	describe the organization	i's mission (or most signif	icant acti	vities: DLL D	CUEDOPE					
Se													
Пa			·										
Governance	1		this box 🕨 🔙 if the or	•							1 1		_
Ŏ	3		er of voting members of th								3		6.
Ş	4		er of independent voting n								4		5.
ŧ	5		number of individuals emp								5		1.
Activities &	6	Total	number of volunteers (estin	nate if neces	ssary)						6		4.
⋖			unrelated business revenue								7a		0
	b	Net ur	related business taxable i	ncome from	Form 990-T,	line 34	<u></u>		<u>. ,</u>		7b		0
										Prior Year			nt Year
Revenue	8	Contri	butions and grants (Part Vi	III, line 1h)						863,53	37.	8	68,397.
	9	Progra	Program service revenue (Part VIII, line 2g)									(
ě	10		ment income (Part VIII, co							14	11.		129.
œ	11		revenue (Part VIII, column								0		(
	12		evenue - add lines 8 throu							863,67	78.	8	68,526.
	13		s and similar amounts paid							9,53	30.	8	74,877.
	14		its paid to or for members (0		(
ທ	1		es, other compensation, e							44,61	.3.		43,798.
Se			sional fundralsing fees (Pa								0		
Expenses	b	Total	fundraising expenses (Part	IX columni	D) line 25) 1	- <i>7 .</i>	8,984	· · · · · · · · · · · · · · · · · · ·	•				
ũ			expenses (Part IX, column						-	44,61	5.		44,318.
	18		expenses. Add lines 13-17							98,75			62,993.
	19		ue less expenses. Subtrac							764,92			94,467.
P 8		116461	ide less expenses. Subtrac	A III O I O II O	1111110 12	· · · ·				nning of Current		End of	
ancia	20 21 22	Total	assets (Part X, line 16)							1,721,20			64,271.
Ass. Bal	21		iabilities (Part X, line 26)						•	12,15			49,697.
let/	22		sets or fund balances. Su		1 from line 20				•	1,709,04			14,574.
	rt II	***************************************	anature Block	ibliact line z	i irom iirie zu	<u> </u>		, , , , ,		1710070	1 .	1,0	
			of perjury, I declare that I have	o evaminad ti	ole return incl	udina acc	omnanying schod	ulee and eta	tomonte	and to the heet o	f my kr	nowledge ar	nd helief it is
true	aer per	ect, and	complete. Declaration of prepa	arer (other tha	n officer) is ba	sed on all	information of wh	ich preparer	has any k	nowledge.	, my Ki	nomicage ai	d Donoi, it is
Sig	n		Signature of officer							I Date			
He			Cignature of onios.										
			Type or print name and title								····		
_					Preparer's s	anaturo		Date			T., T p-	TIN	
Paid	i		Type preparer's name		Lichardia	Augrana	Baubur Tais	4 11	/14/:	L4 Check	ן יי נ		3E2C
	- parer	BARI	BARA TAIBI				/			3011-0111piloy		P00179	1526
	Only	Firm's	name ►EISNERAMPE	ER LLP						Firm's EIN ▶ 1			
			address >111 WOOD AVE.							Phone no.	32-2	243-700	<u> </u>
Man	(+nal	uu dia	auga thia ratura with the ni	ranarar ahau	in above 2 fee	a inetriio	tione !					1 V 1 M	1 1 1

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

orm 990 (2013)				Page .
	ement of Program Service		Part III	Х
	be the organization's missio		<u> </u>	
SEE SCHED	ALT D. O.			
_				
				
prior Form 99	nization undertake any sign 90 or 990-EZ? cribe these new services on 9		e year which were not listed on the	Yes X No
3 Did the org	anization cease conducting	g, or make significant changes	in how it conducts, any program	
If "Yes," desc	ribe these changes on Sche	dule O.		
expenses. So	ection 501(c)(3) and 501(c	ervice accomplishments for each (4) organizations are required to or each program service reported.	of its three largest program service report the amount of grants and	ces, as measured in allocations to other
1a (Code:SEE SCHEE) (Expenses \$)	886,567. including grants of \$	874,877.) (Revenue \$)
			•	
-				
	AND THE PARTY OF T			
lb (Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
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		V V V V V V V V V V V V V V V V V V V		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c (Code:) (Expenses \$	including grants of \$) (Revenue \$	}
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	· · · · · · · · · · · · · · · · · · ·			
-				
d Other progra	am services (Describe in Sch	edule O.)		
(Expenses \$	including g		enue \$	
Total program	m contine evenence	006 567		

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
_				23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			23.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
	complete Schedule D, Part III	8		Δ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		.,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			١,,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	C.1, 1301		
	VII, VIII, IX, or X as applicable.	a least of the	TOTAL STATE	Greek Go
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. 0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		17		X
40	, 2012 4 2012 11 11 2012 11 201			- 23
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		177
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		Λ
-	in thes hollogical the the objectivation allactival copy of its admised infancial statements to this relief.	Z (/ ()	, ,	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~ .	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
22		22		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		21
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? If "Yes," complete Schedule J	23		X
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
		24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			١.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	1		
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.7
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule \boldsymbol{L} ,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1 5.	1 1 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	=	30		X
	conservation contributions? If "Yes," complete Schedule M	30		25
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1,7
	Part I. , ,	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
		- 220		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3,7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	;		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI , ,	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u>

Page 5

Form	990 (2013)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		ingeles, en	CONTRACTOR
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable, , , , , , , , , <u>1b</u>		CHAPTER AND	MALIL VAN
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	CIPAL CANADIA	Part Aller	
	reportable gaming (gambling) winnings to prize winners?	1c	X	ecessimienes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Total Control on the control of the	EL CASA	31002-72
	Statements, filed for the calendar year ending with or within the year covered by this return , 2a 1	Catalog Catalo	GWORLN LANGER	HILLET TE
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	CECNOLOGIA.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		STATE OF STATE	3000 KILL
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	١.		177
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	and the second		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	322 V 662		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ A
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		- 22
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	YOUGH		4005.000
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Line who A sales and	GREAT STREET	100 (mm) (mm) (mm) (mm) (mm) (mm) (mm) (mm)
a		7a	hangagaag	X
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
·	required to file Form 8282?	7c		X
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	Thomas and I	Editorial Pla	Secretary Secret
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1076416-434664434	Х
f		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ARGENIA (PLEA)	CA CACALLE	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	THE PARTY	EXECUTIVE EXECUT	AREA TAG
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		PART OF THE SECOND	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	SANTA LA COMPANIA DE LA COMPANIA DEL LA COMPANIA DE	HANGERNIE HANGEMINE	101950 Jan
	Initiation fees and capital contributions included on Part VIII, line 12		PASSES OF THE PA	NINBSHALIG
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	LICAL INCIDE		
11	Section 501(c)(12) organizations. Enter:	ACTION OF THE SECOND		erre ere i Ken
	Gross income from members or shareholders	THE SEC		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	Secretary Const	Personal Control	A. (0.00 A. A.)
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	para de la composición del composición de la com	NIAMA JAN
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1000 DE 1000 D
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	PROPERTY OF THE PROPERTY OF TH		
b	Enter the amount of reserves the organization is required to maintain by the states in which	CHECKET CHINE		I SEE AM
	the organization is licensed to issue qualified health plans	CONTRACTOR OF THE PARTY OF THE	STATE OF A COLUMN	
	Enter the amount of reserves on hand	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

	the organization's mailing address? If "Yes," provide the names and addresses in Schedule U	9		Λ_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b				Ī.,
-	rise to conflicts?	12b	X	
С				
_	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	[laster)		
16a	and the second s		;	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Harvin Harvin	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{CT}_{\text{r}} \)			

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Other (explain in Schedule O)

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.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: > WILLIAM BEERMANN 20 HORSENECK LANE GREENWICH, CT 06830 203-862-3196

Form 990 (2013)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII Independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees action A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles r and	Pos heck ss pe	more erson	e that Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
A Company of the Comp										
(1)MARNA O. DAVIS	1.00									
CHAIRWOMAN, PRESIDENT		Х		Х	ļ			С	0	0
(2)CHARLES W. BEERMANN	1.00	.,,								0
DIRECTOR	2.00	Х	_						0	0
_(3)DEREK_GILCHRIST DIRECTOR, SECRETARY	2.00	Х		Х		:		٥ - ا	0	0
(4)ALISHA STERNENBERGER	1.00			47-						
DIRECTOR		Х						C	0	0
(5)WILLIAM BEERMANN	3.00									
DIRECTOR, VP, TREASURER		X		Х				37,500.	0	2,779.
	1.00	X						C) O	0
(7)										
(8)										
										
(10)										
(11)										
(12)								.,,,,		
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Tru	1	y ⊏n	ipic			and F	ugi	1		yees (c		
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe	erson	than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	ion from ed	(F) Estima amoun othe compens	ated nt of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from t organiza and rela organiza	ation ated
												•
- /												
	<u> </u>											
1b Sub-total							>	37,500.		0	2	, 779
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>	37,500.		0	2.	, 779
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re		\$100,000	of		s N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	? !#	"Yes	,"	complete Schedu	le J for	such	de la companya de la	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indiv	idual	5	χ
Section B. Independent Contractors	, ,											
 Complete this table for your five highest com- compensation from the organization. Report of year. 												
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensatio	on
2 Total number of independent contractors (in	ncludina bi	ıt not	lin	nite	d to	thos	e li	isted above) who	received	100 ATT TO THE	The Park of A City of County of the Action o	

27-0341021

Part VIII	Statement of Reven	LIE	
Form 990 (2013)) T	HE	FIBROLAMELLAR

		Check if Schedule O contains a res	sponse or note to a	ny line in this Part	VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1	a	Control of the contro	447-700 (1967-1971) (1971-1971-1971) (1971-1971-1971) (1971-1971-1971) (1971-1971-1971) (1971-1971-1971) (1971-1971-1971-1971) (1971-1971-1971-1971) (1971-1971-1971-1971) (1971-1971-1971-1971-1971-1971-1971) (1971-1971-197	TO DAILY ISSUED TO THE PROBLEM OF	saurenstadiote
iran	b	Membership dues		17 (17 (17 (17 (17 (17 (17 (17 (17 (17 (A service of American Conference of Conferen		
S, G		Fundraising events 1	c	15.75 for 115 or 95.75 killed Professor APT and two Assets and 15.75 for 15.	A Committee of the Comm	Planting and Control of the Control	Anna Alemander (Brand Code Algori to Nove billion of the Brand Brands and to Nove billion of the Brand Brands and Dealer Black of the Brands and the State
Gift ∏ar	d	Related organizations 1	d	573 (5.6.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5		armitraleresenesines direct	Harvaria del Albania Nila della dell
tributions, Gifts, Grants Other Similar Amounts	e	Government grants (contributions) 1	е	PAINTER TO THE PROPERTY OF THE	plants warp to you was had paper wind budges and budges by the paper		
er S	f	All other contributions, gifts, grants,		CT 11 VIII (1995) MATERIA ON NAVAN AND AND AND AND AND AND AND AND AND A	And the same of th		TATALIAN AND AND AND AND AND AND AND AND AND A
듗各		and similar amounts not included above . 1	f 868,397.	PRINTED BY THE THE TANK OF THE	A second		
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$		COMMERCIAL STREET, CONTRACTOR OF STREET, CON		The state of the s	The Control of Control
	h	Total. Add lines 1a-1f	<u>,</u> ▶	868,397.		Provided the way angles the word and the state of	Hill 27 / PHILIP WILL AND A PARK IN AND A LANGE OF THE PARK IN A LANGE OF THE
Program Service Revenue			Business Code		STANDARD STA	The state of the s	FIRST / PLANTING THE STATE OF A PLANTING AND A PARTY OF A PLANTING AND A PARTY OF A PLANTING AND A PARTY OF A PLANTING AND A P
eve	2a		_				
ě	b		_				
Ξ̈́	c		_				
Š	d		_				-
ram	е		_				-
rog	f	All other program service revenue			Anton Philippe Anton Solution According		e waa ni kasaa ay ay ahaysi ah Seeyaan a
	g	Total. Add lines 2a-2f		0			Professional Desire who professional trace in Acade,
	3	Investment income (including dividends, in					
	Ì	other similar amounts). ATTACHMENT	· ·	129.			129
	4	Income from investment of tax-exempt bo		0			
	5	Royalties	(ii) Personal	0			
			(II) I el solidi	PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSONAL PROPERTY ADMINISTRATION OF THE PERSONAL P	The state of the s	TO PARTY HE INDICATED THE WAY THE	er Philippe (etc.) etc.)
	6a	Gross rents		Printed Printed Printed Advantage (1997)	A CONTROL OF THE CONT		
	b	Less: rental expenses		TETRIC VICTORIAN COLUMN SPECIAL CO	CORRECTION OF THE PROPERTY OF		THE PURCH OF THE PROPERTY AND
	C	Rental income or (loss)		SECTION OF THE PROPERTY OF THE	4 DESTRUCTION OF BUILDING AND STATE OF		NAME AND POST OF THE PARTY OF T
	d	Net rental income or (loss) (i) Securitie		O			yesha gadaashaa daa balaa ay ay ay
	7a	Gross amount from sales of	(1) 0 1101			Control Control (Control Control Contr	
		assets other than inventory		CAN BEN ARTHUR AND A MARKET WHILE WHICH AND STREET WAS AND A STREET WAS AND A STREET WAS AND A STREET WAS AND A STREET WAS AND ASSAULT OF A STREET WAS AND A STREET WAS AND A STREET WAS AND A STREET WAS AND A STREET WAS A			ASSESSMENT FROM THE PROPERTY OF THE PROPERTY O
	b	Less: cost or other basis			The state of the s		remplacing someone of the Land
		and sales expenses		The Harver Hard Property of the Santon School Schoo	4 / Lid Let A ha Wit La hard of the La Handa La hard of the La har		
	d d	Gain or (loss) L			Comment of the Commen		
41				O .		DELINE VERBURGERATE	
nue	8a	Gross income from fundraising		ADVANTED AND BUILDING IN DAMAGE HER DISTRICT	The second secon		
<u>ē</u>		events (not including \$ of contributions reported on line 1c).		Committee of the commit	Control of the State of the Sta		
å		See Part IV, line 18		CONTRACTOR OF THE CONTRACTOR O			NUMBER OF STREET
ē	b	Less: direct expenses		CONTROL OF THE PARTY OF T			
Other Reve	C	Net income or (loss) from fundraising even		0			
J		Gross income from gaming activities.					
	"	See Part IV, line 19	a	GREAN AND COMPANIES OF THE STATE OF THE STAT			
	b	Less: direct expenses		Programme and the second secon		THE RESERVE THE PROPERTY OF TH	
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less			A PARTY OF THE CONTROL OF THE CONTRO	et al merce a colonia del colonia del manda de	
		returns and allowances	а		Comment and the property of the comment of the comm	Mind Communication (Communication Communication Communicat	
	b	Less: cost of goods sold	F				
	1	Net income or (loss) from sales of inventor		0			
		Miscellaneous Revenue	Business Code	Part (Sec. And Art (Sec. Art (PARTICIPATION OF THE PARTICIPAT	NAMES OF THE STATE OF THE PARTY OF THE STATE
	11a		_				
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d			AND THE STATE OF STAT	es de la	
	12	Total revenue. See instructions					129.

	art IX Statement of Functional Expense		AU (C	t	(6)
Se	ction 501(c)(3) and 501(c)(4) organizations m	nust complete all colum	nns. All other organizations	ons must complete coll	umn (A).
- —	Check if Schedule O contains a resp			(C)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, Ilne 21.	874,877.	874,877.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	C			
4 5	Benefits paid to or for members	37,500.		37,500.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	C			
7 8	Other salaries and wages	(
9 10 11	Payroil taxes	2,779. 3,519.		2,779. 3,519.	
t	Nanagement	12,000.		12,000.	
6	Lobbying Professional fundraising services. See Part IV, line 17. Investment management fees				
ξ	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	(
12 13	Advertising and promotion	12,025. 3,170.	92.	3,731. 2,388.	8,294. 690.
14 15	Information technology	0			
16 17 18	Travel	700.	390.	310.	
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization				
24	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.)				
_	EVENTS MISC EXPENSES	11,208. 3,739.	11,208.	3,739.	
c	TRAVEL AND ENTERTAINMENT	1,476.		1,476.	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	962,993.	886,567.	67,442.	8,984.

JSA 3E1052 1.000

Form **990** (2013)

Form 990 (2013)
Part X Balance Sheet

Page **11**

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	ort X		
		(A) Beginning of year	_ L_	(B) End of year
1	Cash - non-interest-bearing	11,706.	1	43,194.
2		1,335,574.	2	1,654,566.
3	Pledges and grants receivable, net	373,920.	3	362,596.
		0	4	(
5				
	trustees, key employees, and highest compensated employees.			
	Complete Bort II of Sebadule 1	0	5	C
6	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	0	6	
_				
		0		
	Inventories for sale or use	0		3,915.
				3,913.
10 a	* ' '			
	V. 101 Date 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. : :	
	Less: accumulated depreciation [100]			
l				, (
l		-		
l				
l	Intangible assets			(
l	Other assets. See Part IV, line 11			2,064,271.
				25,020.
l				424,677.
l				124,077.
l			ĺ	(
l	Tax-exempt bond sabilities		_	
l			2:	
22				
			22	
l				
l				
25	· · · · · · · · · · · · · · · · · · ·		1	
	101110	l	25	
26				449,697.
20	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
		4 700 044		3 614 594
1		1,709,041.		1,614,574.
				0
29	· · · · · · · · · · · · · · · · · · ·	U	29	0
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		_	
32			32	
	Total net assets or fund balances	1,709,041.	33	1,614,574.
33	Total liabilities and net assets/fund balances.	1,721,200.	34	2,064,271.
	2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	Check if Schedule O contains a response or note to any line in this Para Check if Schedule O contains a response or note to any line in this Para Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(5), and contributing employees and sponsoring organizations of section 501(c)(3) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Accomplete Part Vi of Schedule D Less: accumulated depreciation, lobal linestments - publicly traded securities Investments - other securities. See Part IV, line 11 Interstments - program-related. See Part IV, line 11 Intangible assets. Other assets. See Part IV, line 11 Total assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 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 Total 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 Total liabilities (including Federal income tax, payables to related third parties, an	Check if Schedule O contains a response or note to any line in this Part X (A) (Beginning of year 1.1, 706. 2 Savings and temporary cash investments, 1,335,574. 3 Piedges and grants receivable, net 373,920. 4 Accounts receivable, net 373,920. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(s)(8)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (seei on instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 100 loans of 101 loans of 1	Check if Schedule O contains a response or note to any line in this Part X (A) (Cash - non-interest-bearing (Cash - non-interest) (Cash - non-interest-bearing

Form **990** (2013)

Form 99	90 (2013)			Page 12
Part	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 993.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,467.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,709	,041.
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	1,614	,574.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	า	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r All A	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a	
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, e	explain i	n 134 134	
	Schedule O.		11.5	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n	
	the Single Audit Act and OMB Circular A-133?	. ,	. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	
			Form 990	0 (2013)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Χ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III-Functionally integrated d Type III-Non-functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary (iv) is the (vi) Is the organization (described on lines 1-9 organization in the organization organization in support col. (I) listed in above or IRC section in col. (i) of your col. (i) organized your governing (see instructions)) support? in the U.S.? document? Yes Nο Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Page 2

Par	**Complete only if you checked Part III. If the organization fails	ed the box on l	ine 5, 7, or 8	of Part I or if th	ne organizatio	n failed to qua	
Sec	tion A. Public Support	1			,	,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,292.	1,041,724.	818,360.	863,537.	868,397.	3,620,310.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						. !
3	The value of services or facilities furnished by a governmental unit to the organization without charge						ţ
4	Total. Add lines 1 through 3	28,292.	1,041,724.	818,360.	863,537.	868,397.	3,620,310.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATCH .1.						2,281,013.
6	Public support. Subtract line 5 from line 4.	STATE OF THE PROPERTY OF THE P	VETER STATE CONTROL AND COMMON	The state of the s	Particles of the British Control and the British Control and Con	A SECTION OF THE PROPERTY OF T	1,339,297.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	28,292.	1,041,724.	818,360.	863,537.	868,397. 129.	3,620,310.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	A III A RAMANIN OO WOOD A GAARA A GAAR		2303 milysyddollias (1923)			
11	Total support. Add lines 7 through 10	*** **********************************		TO NEW YORK THE AREA OF THE	Entrette District and street in standing in	es Part all refer the state and the labels that a	3,620,593.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is f						
500	organization, check this box and stop here tion C. Computation of Public Sup						. , ▶ X
	Public support percentage for 2013 (li	<u> </u>		11 column (f)		14	%
14 15	Public support percentage from 2013 (iii						
	331/3% support test - 2013. If the o						
, va	this box and stop here . The organizati						
h	331/3% support test - 2012. If the o						
	check this box and stop here. The org						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets to organization	2013. If the orgoneets the "facts-and-control or the "facts-and-control or the	panization did notes of the control	ot check a box tances" test, che est. The organia	on line 13, 16a eck this box ar zation qualifies	a, or 16b, and lind stop here. Et as a publicly so	ne 14 is xplain in upported ▶
10	15 is 10% or more, and if the organization Explain in Part IV how the organization supported organization	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly ▶

Schedule A (Form 990 or 990-EZ) 2013

Page 3

		Organizations		

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	<u>`</u>				-	•	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						•
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)		nam egit atam				
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	_			-	•	
	organization, check this box and stop here						
	tion C. Computation of Public Sup			753			
15	Public support percentage for 2013 (line 8					15	<u>%</u>
16	Public support percentage from 2012 Sche					16	%_
	tion D. Computation of Investmen		_	0		4-7	n/
17	Investment income percentage for 2013 (li					17	<u>%</u>
18	Investment income percentage from 2012					18	<u></u>
19 a	331/3% support tests - 2013. If the or	=					
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga						
•	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	uiu iiot check	a nox on line .	ı≒, ı⊎a, or 19D	, GRECK LAIS DO	A and see mistru	ICHOHS -

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name (of the organization		Employer Identification number
THE	FIBROLAMELLAR CANCER FOUNDATION, I		27-0341021
Part	Organizations Maintaining Donor Advis Complete If the organization answered	ed Funds or Other Similar Funds or A Yes" to Form 990, Part IV, line 6.	accounts.
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	=	
6	Did the organization inform all grantees, donors, around for charitable purposes and not for the benefi	nd donor advisors in writing that grant fund	ds can be used other purpose
	conferring impermissible private benefit?		Yes No
Part			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space	eation or education) Preservation o	f an historically important land area f a certified historic structure
	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified		2c
	Number of conservation easements on a certified Number of conservation easements included in (c)		20
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trantax year		
	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy regard violations, and enforcement of the conservation ea	ing the periodic monitoring, inspection, ha	ndling of
	Staff and volunteer hours devoted to monitoring, ir		
	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemen	nts during the year
8	Does each conservation easement reported on lin		
9	(i) and section 170(h)(4)(B)(ii)?	conservation easements in its revenue and of the footnote to the organization's financi	l expense statement, and
Part	Organizations Maintaining Collections Complete if the organization answered	of Art, Historical Treasures, or Other "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edupotnote to its financial statements that des	revenue statement and balance sheet cation, or research in furtherance of cribes these items.
	If the organization elected, as permitted under a works of art, historical treasures, or other simila public service, provide the following amounts relat	ar assets held for public exhibition, edu- ing to these items:	cation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of a following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1.	A A TTO (MOC 900) relating to these items	<i>5.</i> ▶ \$
a b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2013

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

4	Describe in Part XIII the intended uses of the organization's endowment funds.								
Part	Land, Buildings, and Equipment. Complete if the organization ans	wered "Yes" to Forn	n 990, Part IV, line	11a. See Form	990, Part X, line 10.				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a	Land			da sangara					

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11	lb. See Form 990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valuation: ost or end-of-year market value	
(1) Financia	al derivatives				
	held equity interests		<u></u>		
(3) Other					
(B)		-			
<u>(C)</u>					
<u>(D)</u>					
(E) (F)					
(G)					
<u>\</u> (H)				-	
	n (b) must equal Form 990, Part X, col. (B) line 12.)				- 1
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 1	ic. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation:	
			c	ost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		-			
(9)		1			
	1 (b) must equal Form 990, Part X, col. (B) line 13.)				11 11 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part IX	Other Assets.				
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 1		
	(a) Description		(b) Boo	ik value
(1)					
(2)					
(3)					
(4)					
(6)					
(7)		·			
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		<u>.</u> >	
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to Form 990), Part IV, line 1	1e or 11f. See Form 990, Pa	rt X,
1.	(a) Description of liability	(b) Book valu	le listing	CHARLES TO THE TANK OF THE TAN	Control of the Contro
	al income taxes		THE PLAN IS A THE LAND OF THE PLAN IS A PART	Design to the control of the control	TO THE PARTY OF TH
(2)			And the state of t		
(3)			THE CONTROL NAME OF THE PARTY O		
(4)			A SAME OF A SAME	The special property of the sp	eta senti santi diliku eta haranda di basa
(5)			EDITOR TO A THOUGH I AND A THOUGH I	The state of the s	
_(6)			CONTROL OF BUILDING		
(7)			CONTROL OF THE CONTRO	SOLID BANGARAN TERMINAN TERMINANTA TERMINAN TERMINANTA TER	The recovery of the last
(8)			A CONTROL OF THE CONT		panent who is a constant of the second
(9)	(1)		Control of the Contro	The state of the s	ELVER STORY OF STREET
Total, (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶	Acres at the Control of the Control	NAME OF THE PARTY	

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

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PAG

Schedule D (Form 990) 2013

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		001 206
1	Total revenue, gains, and other support per audited financial statements	1	891,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11.0	
а	Net unrealized gains on investments2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	22,860.
3	Subtract line 2e from line 1 , , , , , , , , , , , , , , , , ,	3	868,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	868,526.
Part 2		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	985,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 22,860.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) Add lines 3s through 3d		
е	Add lines 2a through 2d	2e	22,860.
3	Subtract line 2e from line 1	3	962,993.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	962,993.
Part			
	XIII Supplemental information.		
Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV,	art V, line	e 4; Part X, line
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line	a 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line nation.	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	a 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	a 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line	e 4; Part X, line

JSA

Part XIII Supplemental Information (continued)

PART X, LINE 2: ASC 740-10-05-6

THE INTERNAL REVENUE SERVICE ("IRS") HAS DETERMINED THAT THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND IS EXEMPT FROM TAX ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC. THE FOUNDATION IS CLASSIFIED AS A PUBLIC CHARITY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN AN ENTERPRISE'S FINANCIAL STATEMENTS.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE THE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX PROVISIONS, IF ANY. THERE WERE NO INCOME TAX-RELATED INTEREST AND PENALTIES RECORDED FOR THE YEAR ENDED DECEMBER 31, 2013. THE INCOME TAX RETURNS OF THE FOUNDATION FOR THE YEARS ENDED DECEMBER 31, 2012, 2011 AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS AND OTHER VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE I (Form 990)

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

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

Department of the Treasury Inspection ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization or government (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (h) Purpose of grant or assistance (b) EIN (g) Description of on-cash assistance TBROLAMELLAR CANCER (1) MEMORIAL SLOAN KETTERING 1275 YORK AVENUE NEW YORK, NY 10065 ESEARCH 13-1924236 501(C)(3) (2) THE ROCKEFELLER UNIVERSITY fibrolamellar cancer 1230 YORK AVENUE NEW YORK, NY 10065 13-1624158 501(C)(3) 663,200. RESEARCH (3) _(4) (6) _(7)_____ _(9) (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) (2013) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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OMB No. 1545-0047

2013

Open to Public

Schedule I (Form 990) (2013) Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(8) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		···-·			
			-		***

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

SCHEDULE I, PART I, LINE 2

THE FOUNDATION MAKES GRANTS TO 501(C)(3) RESEARCH INSTITUTIONS. THE ACCEPTANCE OF THE GRANTS BY THE RESEARCH ORGANIZATIONS IS CONTINGENT UPON THE FOUNDATION'S RECEIPT OF PERIOD UPDATE REPORTS AS TO PROGRESS AND EXPENDITURES.

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2013

∠⊎ 15 Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

Employer identification number 27-0341021

FORM 990, PART I, LINE 1

FIBROLAMELLAR CANCER FOUNDATION, INC. (THE "FOUNDATION") WAS ESTABLISHED TO RAISE AWARENESS AND RESEARCH FUNDS FOR FIBROLAMELLAR HEPATOCELLULAR CARCINOMA, A RARE FORM OF LIVER CANCER THAT IS PRIMARILY SEEN IN TEENS AND YOUNG ADULTS. CURRENTLY, THERE ARE NO VIABLE TREATMENT OPTIONS OTHER THAN LIVER RESECTION SURGERY. OUR MISSION IS TO FIND A CURE AND RELIABLE TREATMENT OPTIONS FOR THOSE DIAGNOSED WITH THIS RARE DISEASE AS WELL AS ENHANCE COMMUNICATIONS AMONG HEALTHCARE PROFESSIONALS AND PATIENTS.

FORM 990, PART III, LINE 1

FIBROLAMELLAR CANCER FOUNDATION, INC. (THE "FOUNDATION") WAS ESTABLISHED TO RAISE AWARENESS AND RESEARCH FUNDS FOR FIBROLAMELLAR HEPATOCELLULAR CARCINOMA, A RARE FORM OF LIVER CANCER THAT IS PRIMARILY SEEN IN TEENS AND YOUNG ADULTS. CURRENTLY, THERE ARE NO VIABLE TREATMENT OPTIONS OTHER THAN LIVER RESECTION SURGERY. OUR MISSION IS TO FIND A CURE AND RELIABLE TREATMENT OPTIONS FOR THOSE DIAGNOSED WITH THIS RARE DISEASE AS WELL AS ENHANCE COMMUNICATIONS AMONG HEALTHCARE PROFESSIONALS AND PATIENTS.

FORM 990, PART III, LINE 4A

GRANTS TO RESEARCH ORGANIZATIONS FOR FIBROLAMELLAR HEPATOCELLULAR CARCINOMA.

FORM 990, PART6 VI, SECTION A, LINE 2:

DIRECTORS WILLIAM BEERMANN AND CHARLES BEERMANN HAVE A FAMILY

Employer identification number

27-0341021

RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINES 6 AND 7A:

CHARLES DAVIS AND DAVID WERMUTH ARE MEMBERS WHO HAVE THE AUTHORITY TO APPOINT OR ELECT DIRECTORS. FCF BOARD MEMBERS CAN ELECT NEW MEMBERS TO THE BOARD.

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

THE BOARD WILL REVIEW THE FORM 990 PRIOR TO FILING AND A FULL COPY OF THE FINAL 990 WILL BE SENT TO THE BOARD PRIOR TO THE 990 BEING FILED WITH THE IRS.

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

- 1. NEW OFFICERS OR DIRECTORS ARE GIVEN A COPY OF THE POLICY. THE POLICY IS REVIEWED ANNUALLY WITH DIRECTORS AND/OR OFFICERS EMPOWERED TO ENTER INTO FINANCIAL TRANSACTIONS AT A DIRECTORS MEETING.
- 2. ALL MATERIAL FINANCIAL TRANSACTIONS, GRANTS, AND EXPENDITURES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND/OR THE BOARD OF DIRECTORS.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND AT
MANAGEMENT'S DISCRETION.

TOTALS

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Pa	art II(on page 2 of this	form	1).	
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	ling <i>(e-file)</i>. Y ou can electronically file Form n required to file Form 990-T), or an addition						
	uest an extension of time to file any of the						
Return for	Transfers Associated With Certain Persona	l Benefit	Contracts, which mus	t be sent to the IRS	in	paper f	ormat (see
	F or more details on the electronic filing of the				ities	s & Non	profits.
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Part I only				. <i>.</i>			▶∟
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Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-BL		02	Form 1041-A				08
Form 4720 (03	Form 4720 (other than individual)				09
Form 990-PF	•	04	Form 5227	Form 5227			
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
The books	s are in the care of ▶ WILLIAM BEERMAN	NN					
	No. ► 203 862-3196		FAX No. ▶				
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