FIBROLAMELLAR CANCER FOUNDATION INC.

TAX RETURNS

FOR THE YEAR ENDED DECEMBER 31, 2014

(CLIENT COPY)





EisnerAmper LLP

111 Wood Avenue South Iselin, NJ 08830-2700 Tel 732.243.7000 Fax 732.951.7400 www.eisneramper.com

THE FIBROLAMELLAR CANCER FOUNDATION, INC. 20 HORSENECK LANE GREENWICH, CT 06830

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2014 FOR:

THE FIBROLAMELLAR CANCER FOUNDATION, INC. AS FOLLOWS...

2014 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX 2014 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT 2014 SCHEDULE B - SCHEDULE OF CONTRIBUTORS 2014 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS 2014 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING 2014 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S 2014 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ 2014 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION 2014 CONNETICUT ATTORNEY GENERAL-COPY

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

THE ENCLOSED RETURNS WERE PREPARED PRIMARILY FROM DATA AND INFORMATION WHICH YOU SUBMITTED. YOU SHOULD REVIEW THE RETURNS TO ENSURE THAT THERE ARE NO OMISSIONS OR MISSTATEMENTS.

UPON AN AUDIT OF THE RETURN(S), REQUESTS MAY BE MADE FOR SUPPORTING DOCUMENTATION. THEREFORE, WE RECOMMEND THAT YOU RETAIN ALL PERTINENT RECORDS.

FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A PERIOD OF THREE YEARS, BEGINNING WITH THE DATE THE RETURN IS FILED. THE AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES (INCLUDING SCHEDULE B), AS FILED WITH THE IRS, EXCEPT THAT THE NAMES AND THE ADDRESSES OF THE CONTRIBUTORS MAY BE EXCLUDED. ANY ORGANIZATION THAT FAILS TO COMPLY WITH THIS PROVISION IS SUBJECT TO A PENALTY OF \$20 FOR EACH DAY THAT INSPECTION IS NOT PERMITTED, UP TO A MAXIMUM OF \$10,000. ANY ORGANIZATION THAT WILLFULLY FAILS TO COMPLY SHALL BE SUBJECT TO AN ADDITIONAL PENALTY OF \$5,000. YOU ARE ALSO REQUIRED TO PROVIDE COPIES OF THE RETURN IF YOU RECEIVE SUCH A REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

ANY ACT OF SELF-DEALING, THE MAKING OR RETAINING OF EXCESS BUSINESS HOLDINGS, OR JEOPARDIZING INVESTMENTS, AND THE MAKING OF TAXABLE EXPENDITURES MAY SUBJECT THE FOUNDATION TO PENALTY EXCISE TAXES OF FROM 5% TO 200% OF THE AMOUNT OF THE PROHIBITED TRANSACTION. PLEASE CONTACT US FOR FURTHER INFORMATION IF YOU HAVE QUESTIONS CONCERNING ANY OF THESE PROHIBITED TRANSACTIONS.

SINCERELY,

Bauban Tail

BARBARA TAIBI EISNERAMPER LLP



EisnerAmper LLP

111 Wood Avenue South Iselin, NJ 08830-2700 Tel 732.243.7000 Fax 732.951.7400 www.eisneramper.com

INSTRUCTIONS FOR FILING THE FIBROLAMELLAR CANCER FOUNDATION, INC. FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FOR THE PERIOD ENDED DECEMBER 31, 2014

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

EISNERAMPER LLP 111 WOOD AVE SO STE 600 ISELIN NJ 08830-2700

OR FAX YOUR SIGNED FORM 8879-EO TO:

EISNERAMPER LLP TAX RETURN PROCESSING DEPARTMENT 732-951-7500

PAYMENT OF TAX... NO PAYMENT OF TAX IS REQUIRED.

THIS 990 RETURN HAS BEEN EFILED ON YOUR BEHALF - PLEASE DO NOT FILE THIS COPY.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 16, 2015. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2014, or fiscal year beginning, 2014, and ending Do not send to the IRS. Keep for your records.	, , 20	<i>ର</i> ଲ 1 /
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/formation	3879eo.	<u> 2</u> 0 14
Name of exempt organization		Employer ident	ification number
THE FIBROLAM	ELLAR CANCER FOUNDATION, INC.	27-034	1021
	EXECUTIVE DIRECTOR		
	eturn and Return Information (Whole Dollars Only)		
check the box on line ' leave line 1b, 2b, 3b,	return for which you are using this Form 8879-EO and enter the applicable an Ia, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter elow. Do not complete more than 1 line in Part I.	filed with this fo ed -0- on the re	orm was blank, then oturn, then enter -0-
1a Form 990 check h 2a Form 990-EZ chec			1,113,398.
3a Form 1120-POL cl	neck here here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF chec			
5a Form 8868 check	here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	^{5b}	
Part II Declaratio	n and Signature Authorization of Officer		
organization's 2014 ele are true, correct, and corganization's electron to send the organization the transmission, (b) th authorize the U.S. Trea- financial institution accor return, and the financial Agent at 1-888-353-45 involved in the processor resolve issues related	ury, I declare that I am an officer of the above organization and that I have exa actronic return and accompanying schedules and statements and to the best of complete. I further declare that the amount in Part I above is the amount show ic return. I consent to allow my intermediate service provider, transmitter, or ear n's return to the IRS and to receive from the IRS (a) an acknowledgement of re- e reason for any delay in processing the return or refund, and (c) the date of an asury and its designated Financial Agent to initiate an electronic funds withdra ount indicated in the tax preparation software for payment of the organization' I institution to debit the entry to this account. To revoke a payment, I must co 37 no later than 2 business days prior to the payment (settlement) date. I also ing of the electronic payment of taxes to receive confidential information nece to the payment. I have selected a personal identification number (PIN) as my s f applicable, the organization's consent to electronic funds withdrawal.	of my knowledge n on the copy of electronic return eceipt or reason ny refund. If app wal (direct debit s federal taxes ntact the U.S. The o authorize the f essary to answe	e and belief, they the originator (ERO) for rejection of licable, I) entry to the owed on this easury Financial financial institutions r inquiries and
Officer's PIN: check o	ne box only	· · · · · · · · · · · · · · · · · · ·	
X I authorize E	SNERAMPER LLP to enter my PIN 4	5268	as my signature
		er five numbers, bu not enter all zeros	
being filed with	ation's tax year 2014 electronically filed return. If I have indicated within this re a state agency(ies) regulating charities as part of the IRS Fed/State program ny PIN on the return's disclosure consent screen.	eturn that a copy	
If I have indica	f the organization, I will enter my PIN as my signature on the organization's ta ted within this return that a copy of the return is being filed with a state agency tate program, I will enter my PIN of the return's disclosure consent screen.		
Officer's signature		11/16/201	5
	tion and Authentication		
	Your six-digit electronic filing identification 13 d by your five-digit self-selected PIN.	9 7 6 1 do not enter	1 3 1 6 3 all zeros
indicated above. I conf	numeric entry is my PIN, which is my signature on the 2014 electronically file irm that I am submitting this return in accordance with the requirements of Pu zed IRS ਆਪਣਾ ਨਾ ਇਤਾਜ਼ਣ ਨਿਰਸ਼ਾਨ	d return for the (b. 4163, Moderr	organization nized e-File (MeF)
ERO's signature 🕨	EisnerHmperLLP Date > 1.	L/16/2015	
	ERO Must Retain This Form - See Instructions		
For Paparwork Podua	Do Not Submit This Form To the IRS Unless Requested To De tion Act Notice, see back of form.		orm 8879-EO (2014)
i of Faperwork Reduc	נוסח אכן מסווכב, שבב שמנה טו וטרחו.	F	om our 3-EO (2014)
JSA 4E1676 1.000			

1045GA F505 11/12/2015 8:16:25 AM V 14-7.6F

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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		enue Service			about Form 99	v anu no			-	01111330.			nspec	
	For th		endar year, or t	ax year beg	inning		, 2014	, and en	ding	1		, 20		
B	Check if a	pplicable:	me of organization							D Employer ide		ion numb	er	
	_	TI	HE FIBROLAM	ELLAR CAN	ICER FOUND	DATION,	INC.			27-034	1021			
	Addre chang	ge DO	ing business as mber and street (or l					Room/sui						
	Name	change	E Telephone number											
	-		0 HORSENECK							(203) 86	2-31	.96		
	termir	nated	y or town, state or p		and ZIP or foreigr	n postal code	e							
	Amen return Applic	u Gi	REENWICH, C							G Gross receip				,043.
	pendi	ing I I Va	me and address of p		JOHN HO					H(a) Is this a gro subordinates	?		Yes	X No
	_		0 HORSENECK				1			H(b) Are all subord			Yes	No
<u> </u>		empt status:	X 501(c)(3)	501(c) () ┥ (inser	rt no.)	4947(a)(1)	or	527	If "No," atta			ctions)	
		-	.FIBROFOUND							H(c) Group exem				
			: X Corporation	Trust	Association	Other	•	L Ye	ar of forma	tion: 2009 M	State o	f legal do	micile:	DE
_ P	art I	Summa												
		Briefly desc	cribe the organizat	ion's mission	or most significa	ant activitie	SEE S	CHEDUL	E 0.					
nce														
rna														
Governance	2	Check this		-		•	•			6 of its net asset	1 1			C
ۍ مې		Number of	voting members of	t the governing	g body (Part VI,	line 1a)					3			6.
es			independent voting								4			<u>5.</u> 2.
viti			er of individuals er								5			8.
Activities &			er of volunteers (es		· · · · ·						6			<u> </u>
			ated business rever								7a 7b			0
	a	Net unrelate	ed business taxab	le income from	Form 990-1, IIr	1e 34			• • • • •	Prior Year	01	Gur	rent Ye	
		Contribution	no and grants (Dar							868,39	7			,124.
IUe	8		ns and grants (Par							000,35	0	±,	103,	, 124.
Revenue	9	Program se	ervice revenue (Part	$v_{\text{III}}, \text{III} e_{2g}$					• •	1 1	29.		3	,032.
Re	10 11		income (Part VIII, nue (Part VIII, colu							12	0			,0 <u>52.</u> ,758.
	12		ue - add lines 8 th							868,52	<u> </u>	1		,398.
	-		similar amounts p							874,87		± /		,182.
	14		id to or for membe							0,1,0,	0		1001	0
	4.5		her compensation							43,79	-		50	,921.
Expenses	16a		al fundraising fees							10,775	0			0
per	h	Total fundra	aising expenses (P	art IX, column	(D) line 25)		5,380		••					
ŵ	17		nses (Part IX, colu						-	44,31	.8.		157.	,237.
			ses. Add lines 13-						•	962,99				,340.
			ss expenses. Subt							-94,46				,058.
or										nning of Current	Year	End	l of Yea	
lanc	20	Total assets	s (Part X, line 16)							2,064,27	1.	2,	596,	,182.
Net Assets or Fund Balances	21		ies (Part X, line 26)							449,69				,870.
Punet	22		or fund balances.							1,614,57	4.	1,		,312.
Pa	art II	Signatu	ire Block											
Un	der per	nalties of perju	ury, I declare that I h ete. Declaration of pr	nave examined t	his return, includi	ing accomp	anying sched	ules and st	atements,	and to the best o	f my kn	owledge	and be	elief, it is
tru	e, corre	l and compi	ete. Declaration of pr	eparer (other tha	an onicer) is based	a on all inioi	mation of wh	ich prepare	r nas any k	inowiedge.				
<u>.</u>														
Sig		Signa	ture of officer							Date				
Не	re		N HOPPER				EXECUT	IVE DI	RECTOR	२				
			or print name and title)										
Dai	4	Print/Type p	preparer's name		Preparer's sign	ature		Date		Check] "	IN		
Paie	a parer	BARBARA	TAIBI					11/	16/201			P001		6
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	,	Firm's addre	ss ▶111 WOOD								32-2	243-70	000	
			this return with the				s)			<u></u>			es	No
For	Pape	rwork Redu	ction Act Notice,	see the separa	ate instructions.							For	m 99() (2014)

OMB No. 1545-0047

Open to Public

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THE	FIBROLAMELLAR	CANCER	FOUNDATION,	INC.

				Part III	<u></u>
		e organization's mission	n:		
-	SEE SCHEDULE	0.			
-					
	Did the organizati	on undertake any sign	ificant program services during the	year which were not listed on the	
I	prior Form 990 or				Yes X
	Did the organiza services?	tion cease conducting	g, or make significant changes i	n how it conducts, any program	Yes X
		hese changes on Scher		of its three largest program service	es, as measured
(expenses. Section	501(c)(3) and 501(c)		report the amount of grants and al	
			807,867. including grants of \$	708,182.) (Revenue \$)
-	SEE SCHEDULE	0.			
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b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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C (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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	Other program se	rvices (Describe in Sch	edule O)		
d (<pre></pre>	
	Expenses \$	including gr	ants of \$ (Reve	enue \$)	

Ves No 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // * % * is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer 1 * Mes. "complete Schedule C Part 1. 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer. "Press" complete Schedule C Part 1. 3 X 4 Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4). 501(c)(5). or 501(c)(6) organization thal receives membership dices. assessments, or similar amounts as defined in Revenue Procedure 98-197. Yes." complete Schedule D. Part 1. 4 X 5 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 distocial trassures. 7 X 6 Did the organization maintain collections of works of at. histocical trassures. 7 X 7 Did the organization maintain collections of works of at. histocical trassures. 8 X 9 Did the organization report an amount in Part X. line 21. for escrow or custodial account liability, serve as custodial for amounts not listed in Part X. or provide credit counselling. doth management, credit repart V. 9	Form 9	90 (2014)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 × 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 × 3 Did the organization mappe in interco trialicat campaign activities on behalf of or in opposition to candidates for public officer If "Yes." complete Schedule C, Part I. 3 × 4 Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 4 × 5 Is the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7.17 "Yes." complete Schedule D, Part I. 5 × 6 V Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7.17 "Yes." complete Schedule D, Part I. 7 × 7 Uid the organization maintain collections of works of at, historical trassures, or other similar assets? If Yes." complete Schedule D, Part V. 8 × 9 Uid the organization report an amount in Part X, line 21, for secrow or custofial account liability, serve as acustofian for amounts for the rassures. Or provide radid courseling, debt management, redit repair, or debt negorization r	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 1s the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officer 11 "Mss" complete Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. D01(c)(4). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Ves" complete Schedule C. Part II. 4 X 5 Id the organization activities on both (6). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Ves" complete Schedule C. Part II. 5 X 6 Did the organization activities of works of ant, historical trassures. 7 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Pes." complete Schedule D. Part I. 7 X 7 Did the organization maintain collections of works of ant, historical trassures. 8 X 9 Did the organization maintain collections of works of ant, historical trassures. 8 X 9 Did the organization regurption organization schedule D. Part V. 9 X 10 Did the organization regurption organization regurption amount for lows granization schedule D. Part V. <				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	1				
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes" complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year' II "yes", complete Schedule C, Part II. 5 Is the organization assection 501(c)(5), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "yes", complete Schedule C, Part II. 6 Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes", complete Schedule D, Part V. 7 Did the organization reserve or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic structures? II "Yes", complete Schedule D, Part V. 9 Did the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 9 Did the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 10 Did the organization and incluse to any other following questions in Yes", then complete Schedule D, Part V. 10 If the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 10 If the organization resolution of the anametid and and the lower on the solution and the comparization section of the solution and the organization resolution of the anametid and anametid or other assets in Team X. Line 12 that is 5% or more of its total assets resported in Part X. Ine 16 II "Yes", complete Schedule D, Part X. 11 Di du organization resport an amou		complete Schedule A			
candidates for public office? // "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organization page in lobbying activities, or have a section 501(c)(4) 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar 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? /f 5 X 7 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? /f 7 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt mangement, credit repair, or debt negoliation services? If Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V. 10 X <	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(A). 4 X 5 Is the organization a section 501(c)(A). 501(c)(G). or 501(c)(G). or 501(c)(G) capanization that receives membershold dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "x", "complete Schedule C, Part II. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // fee 6 X 7 Did the organization relation collections of works of art, historical treasures, or other similar assets? // "yes." 7 X 8 Did the organization relation collections of works of art, historical treasures, or other similar assets? // "yes." 8 X 9 Did the organization amount in Part X. Inp 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X. for provide credit counseling, customatical treapart, or debt negonization organization, and surve to any of the following questions is "Yes." complete Schedule D, Part V 9 X 10 Did the organization function that X. Input the securities in Part X, line 10? If "Yes." 10 X 11 If the organization function in Part X, line 21, for escrow or custodial account liability: reve." 8 <	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 × 5 is the organization ascherion 501(c)(d), 501(c)(d), 501(c)(d), 601(c)(d), 601(c)(d)			3		Х
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members in bues, assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule 0, Part II. 5 × 6 Did the organization reactive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 5 × 7 Did the organization reaction coll works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II. 7 × 8 Did the organization asont in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ic provide credit counseling, debt management, credit repair, or debt negonization report an amount for land, buildings, and equipment in Part X, line 102 H" Yes," complete Schedule D, Part VI. 9 × 10 Did the organization asmount for land, buildings, and equipment in Part X, line 107 H" Yes," complete Schedule D, Part VI. 11 × 11 Did the organization amount for investments-other securities in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 167 H" Yes," complete Schedule D, Part VI. 11 × 11 Did the organization amount for investments-other securities in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 167 H" Yes," complete Schedule D, Part X 11 × <td>4</td> <td></td> <td></td> <td></td> <td></td>	4				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	15		10		x
	20 2	Did the organization operate one or more bospital facilities? If "Ves." complete Schedule H			
			20a		

Form **990** (2014)

JSA

	90 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)		Mar	N
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
22	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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?	0.51		37
~~	If "Yes," complete Schedule L, Part I	25b		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			
		26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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>	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
33	complete Schedule N, Part II	32		
33	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,			
04	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

Page 5

Par				
	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 1a 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		21	
24	Statements, filed for the calendar year ending with or within the year covered by this return 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	v	
h	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	Δ	
C	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	158		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form 9	Open (2014)THE FIBROLAMELLAR CANCER FOUNDATION, INC.27-0342	021	I	->age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	v	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		X
•	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a h	The governing body?	8b	X	
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
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?	4.5		v
а	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		Х
h	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1.00		1
17				
18	List the states with which a copy of this Form 990 is required to be filed \mathbf{P}_{-2}^{-2} . Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
	available for public inspection. Indicate how you made these available. Check all that apply.	551(0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, only)
	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 int	erest	policy	v. 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 record	s: ►		
	WILLIAM BEERMANN 20 HORSENECK LANE GREENWICH, CT 06830 203-862-3196			

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27-0341021

Page	1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box, office	iot ch unles	s pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MARNA_O CHAIRWOMAN, PRESIDENT	1.00	X		Х				0	0	0
(2)CHARLES W. BEERMANN DIRECTOR	1.00	Х						0	0	0
(3) DEREK GILCHRIST DIRECTOR, SECRETARY	2.00	X		Х				0	0	0
(4)ALISHA_STERNENBERGER DIRECTOR	1.00	Х						0	0	0
	25.00	X		Х				37,500.	0	4,708.
ANNEADLER DIRECTOR	1.00	Х						0	0	0
(7) 										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

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Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and H	lig			yees (co	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	erson lirect	e than o is both or/trusto emplo	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	am com fro	(F) timated tount of other pensation om the anization	on
		below dotted line)	or director	Institutional trustee	УГ 	Key employee	Highest compensated employee	er					l related	
			-											
			_											
			-											
			-											
			-											
			-											
			_											
1b	Sub-total								37,500.		0		4,7	08.
	Total from continuation sheets to Part VII, S				•••				0		0			0
d	Total (add lines 1b and 1c)			• •					37,500.		0		4,7	08.
2	Total number of individuals (including but not reportable compensation from the organization			liste	d al	bove	e) who	o re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	pen P <i>If</i>	satior <i>"Yes</i>	n a s,"	nd other compens complete Schedu	sation from <i>le J for</i>	the <i>such</i>			V
5	<i>individual</i> Did any person listed on line 1a receive or											4		X
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	es," comple	te Scł	hedu	ıle J	l for	such	per	rson			5		Х
1														
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) ompens	ation	
								+						

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 ► 0 JSA 4E1055 1.000

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Par	t VII	Statement of Rever Check if Schedule O co		se or note to an	v line in this Part V	111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events	1b 1c 1d utions). 1e grants, 1f i above 1f	678,228. 484,896. 4,612.	1,163,124.			
Program Service Revenue	2a b c d e f g	All other program service rev	enue	Business Code	0			
	3 4 5		cluding dividen ATTACHMENT tax-exempt bond	ds, interest, 1 ► proceeds ►	3,125. 0 0			3,125.
	6a b c d	Gross rents)		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	c d	and sales expenses Gain or (loss)	-93.	· · · · · · •	-93.			-93.
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	678,228. line 1c).	ATCH 2				
the		Less: direct expenses	b	131,033. ATCH 3►	50.550			50.550
0	с 9а	Net income or (loss) from fu Gross income from gaming See Part IV, line 19	activities.		-52,758.			-52,758.
	b c	Less: direct expenses Net income or (loss) from g			0			
	10a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sal	b		0			
		Miscellaneous Reven	ue	Business Code				
	11a							
	b							
	С							
	d	All other revenue			0			
_	е 12	Total. Add lines 11a-11d • Total revenue. See instructio			1,113,398.			-49,726.

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Section 501(c)(3) and 501(c)(4) organizations mu	st complete all columns	s. All other organization	is must complete colum	n (A).
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	708,182.	708,182.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	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)	0			
7 Other salaries and wages	5,075.		5,075.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	4,708.		4,708.	
10 Payroll taxes	3,638.		3,638.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	63,470.	19,800.	43,670.	
12 Advertising and promotion	5,380.			5,380
13 Office expenses	1,747.		1,747.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
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.)				
aEVENTS	76,100.	76,100.		
bMISC EXPENSES	5,405.		5,405.	
cTRAVEL AND ENTERTAINMENT	3,785.	3,785.		
dWEBSITE	1,350.		1,350.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	916,340.	807,867.	103,093.	5,380
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here	I	I		

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Form 990 (2014)

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	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	43,194.	1	29,295.
	2	Savings and temporary cash investments	1,654,566.	2	2,556,887.
	3	Pledges and grants receivable, net	362,596.	3	10,000.
	4	Accounts receivable, net	0	4	0
	5	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	0	5	0
	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
ets	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
۷	9	Prepaid expenses and deferred charges	3,915.	9	0
	-	Land, buildings, and equipment: cost or	0,910.		
	IVu	other basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	0	10c	0
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14		0	14	0
	15	Intangible assets Other assets. See Part IV, line 11	0		0
	16		2,064,271.	16	2,596,182.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	25,020.	17	20,667.
	18	Grants payable	424,677.	18	755,861.
	19	Grants payable	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	,33,001
	20	Deferred revenue	0	20	0
(0	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
Liabilities	22	Loans and other payables to current and former officers, directors,	0	21	0
bili	22	trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	22		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			0	25	1,342.
	26	of Schedule D Total liabilities. Add lines 17 through 25	449,697.	25	777,870.
	26		449,097.	20	///,0/0.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,614,574.	27	1,818,312.
Ba	28	Temporarily restricted net assets	0	28	0
pu	29	Permanently restricted net assets	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,614,574.	33	1,818,312.
_	34	Total liabilities and net assets/fund balances.	2,064,271.	34	2,596,182.
					Form 990 (2014)

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) 2 Total expenses (must equal Part IX, column (A), line 25)	1,1 9	13,398. 916,340. 97,058.				
1 Total revenue (must equal Part VIII, column (A), line 12)	1,1 9	13,398. 916,340. 97,058.				
	9 1	916,340.				
2 Total expanses (must equal Part IX column (A) line 25) 2	1	97,058.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		514,574.				
5 Net unrealized gains (losses) on investments5		0				
6 Donated services and use of facilities		0				
7 Investment expenses		0				
8 Prior period adjustments		0				
9 Other changes in net assets or fund balances (explain in Schedule O)		6,680.				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
33, column (B))	1,8	318,312.				
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						
		Yes No				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in						
Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
reviewed on a separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						
b Were the organization's financial statements audited by an independent accountant?	2b	Х				
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:						
X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X				
If the organization changed either its oversight process or selection process during the tax year, explain in						
Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
the Single Audit Act and OMB Circular A-133?	3a	Х				
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.	3b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Depa	rtment of the Treasury	N 1 <i>C</i> 1		Attach to Form 990 or			· · · · · · · · · · · · · · · · · · ·	Open to Public		
	al Revenue Service	Information	n about Schedule A	(Form 990 or 990-EZ) a	ind its ins	structions	is at www.irs.gov/form9			
	ame of the organizationEmployer identification numberHE FIBROLAMELLAR CANCER FOUNDATION, INC.27-0341021									
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1										
2						n 170/h	(4)(A)(iii)			
3 4										
4	hospital's name, city, and state:									
5										
Ŭ	section 170(b)(1)(A)(iv). (Complete Part II.)									
6				rnmental unit describe	d in sect	ion 170	(b)(1)(A)(v).			
7		-	-					om the general public		
			(1)(A)(vi). (Compl			0 -		J		
8				b)(1)(A)(vi) . (Complete	Part II.)					
9			-				contributions, memb	ership fees, and gross		
	receipts from	activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	re than 331/3% of its		
	support from	gross invest	tment income an	d unrelated business	taxable	e incom	e (less section 511	tax) from businesses		
	acquired by the	e organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	e Part III.)			
10	An organizatio	n organized a	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).			
11		-	-		-			rry out the purposes of		
			-			-		ction 509(a)(3). Check		
		-					and complete lines 11e	-		
а			-		-		orted organization(s),			
		-			elect a m	ajority o	of the directors or trus	tees of the supporting		
h			omplete Part IV, S							
b							s supported organizations that control or man			
		-		, Sections A and C.	the sam	e persor		age the supported		
с		-	-		ited in co	onnectio	n with, and functional	ly integrated with		
		-		ns). You must comple				.,		
d		•	. , .	· ·			ection with its suppor	ted organization(s)		
		-			-		oution requirement and			
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.			
е		-					hat it is a Type I, Type I	I, Type III		
				tionally integrated sup	porting o	organiza	tion.			
f			-					•••••		
g		•		orted organization(s).	<i>a</i>					
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
(•)										
(A)										
(B)										
(C)										
(D)										
(E)										
-										
Tota	I									
							•			

Schedule A (Form 990 or 990-EZ) 2014

OMB No. 1545-0047

2 4 Open to Public

Page **2**

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.)

Calendary year (or facat year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Telal 1 Gifs, grants, contributions, and membershy flees received. (Do not include any unusual grants.) 1.052,223. 622,227. 1.662,227. 1.162,224. 4.735,132. 2 Tax revenues level of the her point to respect on the basis of the toring and on the point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her her her basis of contributions by each presence (Cher of the her her her her her basis of contributions by each presence (Cher of the her her her her her her basis of contributions by each presence (Cher of the her her her her her her her her her h	Sec	Section A. Public Support							
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or granization's benefit and either paid to or expended on its beach organization's benefit and either paid to organization's benefit and either paid furnished by a governmental unit to the organization without charges	1	membership fees received. (Do not	1,041,724.	818,360.	863,537.	868,397.	1,163,124.	4,755,142.	
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported arganization) included on line 1 that exceeds 2% of the amount in a that exceeds 2% of the amount in a that exceeds 2% of the amount shown on line 11, column (f).ACPE 1 2.1362,736. 6 Public support: Subtract line 5 from line 4. 2.1362,736. 7 Amounts from line 4	3	furnished by a governmental unit to the						0	
each person (other than a governmental unit provernmental	4	Total. Add lines 1 through 3	1,041,724.	818,360.	863,537.	868,397.	1,163,124.	4,755,142.	
6 Public support. Subtract line 5 from line 4. 2, 392, 406. Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 1, 043, 724. 818, 360. 863, 397. 968, 397. 1, 163, 124. 4, 735, 142. 8 Gross income from interest, dividends, payments received on securities loans, renis, royalties and income from similar sources 11. 2. 141. 129. 3, 125. 3, 408. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 0 0 11. 2. 141. 129. 3, 125. 3, 408. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain Part V). 0 12 0 11 Total support. Add lines 7 through 10. 12 12 0 12 Gross receipts from related activities, etc. (see instructions). 12 14 14 50.2.2.8 % 13 First five years. If the Form 900 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. 15 % 6 14 <t< th=""><th>5</th><th>each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
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organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 50.28 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization × b 33 1/3 % support test - 2013. If the organization qualifies as a publicly supported organization × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 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, check this box and stop here. Explain in Part VI how 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, check t	12	Gross receipts from related activities, etc. (s	see instructions) .				12		
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 b 10%-facts-and-circumstances test - 2013. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly su	upported	
 b 10%-facts-and-circumstances test - 2013. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		organization						►	
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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		15 is 10% or more, and if the orga	anization meets	s the "facts-and	l-circumstances	" test, check th	his box and sto	op here.	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part VI how the organizati	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly	
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	18								
		instructions	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u> .	► 📋	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Col-	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(0) 2011	(C) 2012	(a) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
7 u	received from disgualified 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						
~	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	and 12.) First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a section 501	1(c)(3)
14		the organizatio			•		
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio	age	<u></u>	<u></u>		
	First five years. If the Form 990 is for organization, check this box and stop here	the organizatio	age	<u></u>	<u></u>		
Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio pport Percent , column (f) divid	age ed by line 13, colur	mn (f))		15	▶
Sec 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment	pport Percent column (f) divid edule A, Part III, lin nt Income Per	age ed by line 13, colur ne 15	nn (f))		15 16	▶
Sec 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li	the organization opport Percent , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (age ed by line 13, colur ne 15 ccentage f) divided by line <i>1</i>	nn (f)) 13, column (f))	·····	15	×××××××××××××××××××××××××××××××××××××
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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-034	1021		
-	le A (Form 990 or 990-EZ) 2014		I	Page 5
Part	V Supporting Organizations (continued)		24	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	•		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru		-	
C		<i>cuons)</i> .		No
2	Activities Test. Answer (a) and (b) below.			
а	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? 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.	2a		
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>	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below.			

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? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b JSA

3a

4E1230 2.000

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form	990 or	990-EZ) 2014
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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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2014

Part		Supporting Organizat	tions (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer		ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations				
4	Amounts paid to acquire exempt-use assets	<u></u>					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
Ŭ	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
а							
b							
C							
d							
e	From 2013						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
<u>g</u>							
<u>h</u>	Carryover from 2009 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
0	Breakdown of line 7:						
8							
<u>a</u>							
b							
<u>с</u>	E (00/0						
d	Excess from 2013						
е	Excess from 2014						

27-0341021

Page **8**

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

		ATTACHMEN	т 1
<u>SCHEDULE A, PART II - EXCESS CONTRIBUTIONS</u>	_		
(NOT OPEN TO PUBLIC INSPECTION)	TOTAL	LESS 2% OF	EXCESS CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
DAVIS FOUNDATION	510,000.	95,171.	414,829.
SPC FOUNDATION	1,978,249.	95,171.	1,883,078.
FRIEDMAN FAMILY FOUNDATION	160,000.	95,171.	64,829.
TOTAL	2,648,249.		2,362,736.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

14

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

Employer identification number

Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

27-0341021

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 1 _	FRIEDMAN FAMILY FOUNDATION		Person X Payroll
	ONE BEEKMAN PLACE, APT. 11C NEW YORK, NY 10023	\$50,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2 _	DAVIS_FOUNDATION		Person
	17 FIELD POINT DRIVE	\$100,000.	Payroll Noncash
	GREENWICH, CT 06830		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION, INC.

27-0341021

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) from (c) Part I Description of noncash property given (a) No. (c) FMV (or estimate) (d) Date received

	(see instructions)	
	\$	
	(0)	
(b)		(d)
Description of noncash property given	(see instructions)	Date received
	 \$	
(b)	(c)	(d)
Description of noncash property given		Date received
	\$	
	(c)	
	FMV (or estimate)	(d) Date received
Description of honeasil property given	(see instructions)	Bate received
	\$	
(b)		(d)
Description of noncash property given	(see instructions)	Date received
	\$	
	+	
(b)	(c)	(d)
Description of noncash property given		Date received
	\$	1
	Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (b) (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) (see instructions) (b) FMV (or estimate) (b) (see instructions) (b) FMV (or estimate) (see instructions) (see instructions) (b) FMV (or estimate) (c) FMV (or estimate) (b) FMV (or estimate)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

27-0341021 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

JSA 4E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Internal Revenue Service Demotion about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Depart to Public Inspection Name of the organization Employer identification number 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)	SCHEDULE D (Form 990)		Supplement	al Financial S	tatements		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service ► Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Notes 9art II Conservation Easements. Yes Notes Yes Notes	(101111330)				•	b	2014
Name of the organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. I Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Note the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Note Part II Conservation Easements. Conservation Easements.	Depa	rtment of the Treasury		Attach to Form 990.		Open to Public	
THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value at end of year (a) Donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Not Part II Conservation Easements. Yes Not							
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value at end of year . . 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements.							
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value at end of year (c) Donor advised funds (c) Part II 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements.				Funds or Other Sim	ilar Funds or A		
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year			•				
 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 		•				(b) Funds a	and other accounts
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	1	Total number at e	nd of year				
 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	2	Aggregate value of	f contributions to (during year)				
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	3						
 funds are the organization's property, subject to the organization's exclusive legal control? G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 			-				
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	5	-		-			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	6	-			-		
conferring impermissible private benefit? Yes No Part II Conservation Easements. Yes	0	-	-				
Part II Conservation Easements.		-			-		
	Ра						
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.			• • • • • • • • • • • • • • • • • • •				
1 Purpose(s) of conservation easements held by the organization (check all that apply).	1						
Preservation of land for public use (e.g., recreation or education)				n or education)		-	
Protection of natural habitat					Preservation of	a certified his	storic structure
 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 	2			qualified conservation	contribution in th	he form of a c	onservation
easement on the last day of the tax year.	2	-		qualined conservation			
a Total number of conservation easements	а					2a	
b Total acreage restricted by conservation easements							
c Number of conservation easements on a certified historic structure included in (a) 2c	с	-	-			2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	d	Number of conse	vation easements included in (c) acc	uired after 8/17/06,	and not on a		
historic structure listed in the National Register							
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	3			ed, released, extinguis	hed, or terminat	ted by the or	ganization during the
tax year							
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 							of
	5	-				-	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	6						
▶			• •				
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	7			and enforcing conserv	ation easements	s during the ye	ar
▶\$							
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	8	Does each conse	vation easement reported on line 2(d)) above satisfy the req	uirements of sect	ion 170(h)(4)(l	3)(i)
	-	and section 170(h	(4)(B)(ii)?				. Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	9		o 1				
organization's accounting for conservation easements.							
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	Ра		· ·	rt, Historical Treasu	ures, or Other S	Similar Asse	ts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		Complete	if the organization answered "Yes	" to Form 990, Part I	V, line 8.		
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she	1a	If the organization	elected, as permitted under SFAS 1	16 (ASC 958), not to	report in its re	venue statem	ent and balance sheet
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.		works of art, hist	orical treasures, or other similar ass vide in Part XIII the text of the footno	sets held for public e te to its financial state	exhibition, education e	ation, or rese tibes these iter	arch in furtherance of
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she 	b						
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items:	-	works of art, hist	orical treasures, or other similar ass	sets held for public e			
(i) Revenue included in Form 990, Part VIII, line 1		(i) Revenue inclu	ded in Form 990, Part VIII, line 1				\$
(ii) Assets included in Form 990, Part X		(ii) Assets include	d in Form 990, Part X			🕨	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	2	If the organizatio	n received or held works of art, his	storical treasures, or	other similar as	sets for finar	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:							
a Revenue included in Form 990, Part VIII, line 1	-						
							 Schedule D (Form 990) 2014

Schee	dule D (Form 990) 2014												ige 2
Par	t III Organizations Maintaini	ng Collect	ions of	Art, I	Historica	al Treasu	ıres,	or Otl	ner Simila	ar Asse	ts (conti	inued	d)
3	Using the organization's acquisition	on, accessio	on, and c	other re	ecords, c	heck any	of the	e follow	ving that a	re a sigr	nificant us	se of	its
	collection items (check all that app	ly):											
а	Public exhibition			d	Lc	an or exc	hange	progra	ms				
b	Scholarly research			е	01	her							
с	Preservation for future gene	rations											
4	Provide a description of the orga	nization's co	ollections	and e	explain ho	ow they f	urther	the or	ganization's	s exemp	t purpose	e in F	Part
	XIII.												
5	During the year, did the organization assets to be sold to raise funds rate										Yes		No
Par	t IV Escrow and Custodial A												-
	or reported an amount of					<u></u>							
1a	Is the organization an agent, truste	e, custodia	n or othe	er interr	mediary f	or contrib	utions	or othe	r assets no	t			
	included on Form 990, Part X?				-					_	Yes		No
b	If "Yes," explain the arrangement i												
									A	mount			
С	Beginning balance						. 1c						
	Additions during the year												
е	Distributions during the year												
f	Ending balance						. 1f						
2a	Did the organization include an am							stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII.	Check he	ere if th	ne explana	ation has b	een p	rovided	in Part XIII				
Par	t V Endowment Funds. Com	plete if the	e organi	zation	answere	ed "Yes" f	to Foi	rm 990	, Part IV, I	ine 10.			
		(a) Currei	nt year	(b)	Prior year	(c) T	wo yea	rs back	(d) Three y	ears back	(e) Four y	ears b	ack
	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage				ance (line	1g, colum	ın (a))	held as	:				
а	Board designated or quasi-endown			_%									
	Permanent endowment	%											
С	Temporarily restricted endowment		%										
	The percentages in lines 2a, 2b, a		•										
3a	Are there endowment funds not in	the posses	sion of th	ne orga	nization	hat are he	eld an	d admir	nistered for	the			
	organization by:											es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" to 3a(ii), are the related or										3b		
4	Describe in Part XIII the intended		organiza	tion's e	ndowmer	nt funds.							
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	ared "Ve	s" to F	orm QQ() Part IV	line	11a S	e Form 0	100 Par	t X line ²	10	
	Description of property		(a) Cost or			Cost or other			cumulated		d) Book valu		
			(invest			(other)			eciation				
	Land												
b	Buildings	· · · · · _											
С	Leasehold improvements												
d	Equipment												
е	Other	<u></u>											
Tota	I. Add lines 1a through 1e. (Columr	ı (d) must e	qual Form	n 990, F	Part X, co	lumn (B), l	ine 10)(c).) 👖					

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other__ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4) (5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5)(6) (7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO STONE POINT CAPITAL 1,342 (3) (4)(5) (6)(7)(8) (9)

1,342. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ו.	
1	Total revenue, gains, and other support per audited financial statements	1	1,267,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_,,
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b 22,860.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 131,033.		
е	Add lines 2a through 2d	2e	153,893.
3	Subtract line 2e from line 1	3	1,113,398.
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 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,113,398.
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,063,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 22,860.		
b	Prior year adjustments 2b		
С	Other losses 2		
d	Other (Describe in Part XIII.) Add lines 26 through 2d		
е		2e	153,893.
3		3	909,660.
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 4a		
b	Other (Describe in Part XIII.) 4b 6,680.		
_ C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	4c	6,680.
5		5	916,340.
Part	XIII 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; Pa	art V li	ne 4 [.] Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

JSA

4E1271 1.000

Schedule D (Form 990) 2014

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 BY THE ORGANIZATION, AND HAS CONCLUDED AS OF DECEMBER 31,2014, THERE ARE NO UNCERTAIN 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, 2014.

PART XI LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES

PART XII LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES: 131,033

PART XII LINE 4B:

ADJUSTMENTS FROM PRIOR YEAR GRANT TO MEMORIAL SLOAN KETTERING CANCER CENTER: 6,680

Schedule D (Form 990) 2014

131,033

	Supplemen	tal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047	
SCHEDULE G (Form 990 or 990-EZ)	he organization answe organization entered		19, or if the	2014				
Department of the Treasury				or Form 990			Open to Public	
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its ins	structions is at www.ii	rs.gov/form990.	Inspection	
Name of the organization Employer identification							on number	
THE FIBROLAMELLA						27-034102		
	ng Activities. Com				"Yes" to Form 9	90, Part IV, line	17.	
1 Indicate whether	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitat								
b Internet and	email solicitations	f	Solic	itation of g	government grant	S		
c Phone solicit	ations	g	Spee	cial fundrai	ising events			
d 🔄 In-person so	licitations							
b If "Yes," list the t	on have a written o s listed in Form 990 en highest paid indi east \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be	
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(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								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	which the organiza	tion in registers to			oontributions	has been notified	Lit is available from	
 List all states in registration or lice 		uon is registerea (n iicense(CONTINUTIONS OF		i it is exempt from	

27-0341021

Schedule G (Form 990 or 990-EZ) 2014

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

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	756,503.			756,503.
œ		Less: Contributions Gross income (line 1 minus	678,228.			678,228.
		line 2)	78,275.			78,275.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direo	8	Entertainment				
	9	Other direct expenses	131,033.			131,033.
		Direct expense summary. Add lines 4				<u> </u>
-	rt I	Net income summary. Subtract line 1 Gaming. Complete if the org				
		than \$15,000 on Form 990-E				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
lses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	a Is	nter the state(s) in which the organizat the organization licensed to conduct o "No," explain:		of these states?		_ Yes No
		/ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe		ng the tax year?	_ Yes No

Schedule G (Form 990 or 990-EZ) 2014

THE	FIBROLAMELLAR	CANCER	FOUNDATION.	TNC.

Sched	the FIDROLAMEDLAR CANCER FOUNDATION, THE. 27 0341021	Page 3
11	Does the organization conduct gaming activities with nonmembers?	
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?	s No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility 13a	%
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	
i o u	revenue?	s 🗌 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 \blacktriangleright \$	
с	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	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
a		
~	retain the state gaming license?	s 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 > \$	
Par		d
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I	Grants and Other Assistance to Organizations,		OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States	2014	
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Open to Public	
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization		Employer identi	fication number
THE FIBROLAMELI	27-0341	021	
Part I General I	nformation on Grants and Assistance		
1 Does the organiz	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or	r assistance,	and
the selection crit	teria used to award the grants or assistance?		X Yes No
	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" 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.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY							FIBROLAMELAR
47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	127,000.				CLINICAL STUDIES
(2) JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE							FIBROLAMELAR
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C)(3)	580,182.				CLINICAL TRIALS
(3)	_						
(4)	_						
(5)							
(6)	_						
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)	_						
(12)	-						
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations I 	d governmen isted in the lir	t organizations	listed in the line 1 t	able	· · · · · · · · · · · · · · · · · · ·	└ 	2.

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

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. Part III can be duplicated if additional space is needed.

(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
-	(b) Number of recipients			

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) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

27-0341021

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

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, PART IV, LINE 2: DIRECTORS WILLIAM BEERMANN AND CHARLES BEERMANN HAVE A FAMILY

Employer identification number 27-0341021

RELATIONSHIP.

Name of the organization

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.

FORM 990, PART XI, LINE 9:

JSA

AN ADJUSTMENT TO A GRANT IN 2013 TO MEMORIAL SLOAN KETTERING CANCER

Schedule O (Form 990 or 990-EZ) 2014				Page 2
Name of the organization			Employer identification	number
THE FIBROLAMELLAR CANCER FOUNDATI	ON, INC.		27-0341021	
CENTER.				
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT	INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	3,12	25.		3,125.
TOTALS	3,12	25.		3,125.
			ATTACHMENT 2	
FORM 990, PART VIII - EXCLUDED CO	NTRIBUTIONS			
DESCRIPTION	AMOUNT			
GOLF TOURNAMENT	678,228			

TOTAL	678,228.

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	78,275.	131,033.	-52,758.
TOTALS	78,275.	131,033.	-52,758.

(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

Х

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, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns.
Enter filer's identifying number, see instructions

or
1

Enter the Return code for the return that this application is for (file a separate application for each return)

Application		Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of **WILLIAM BEERMANN**, 20 HORSENECK LANE GREENWICH, CT 06830

Т	Felephone No. ▶ 203 862-3196 FAX No. ▶									
• If	 If the organization does not have an office or place of business in the United States, check this box 									
• If	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		It	f this is						
for	the whole group, check this box ▶ . If it is for part of the group, check this box ▶		and	attach						
<u>a lis</u>	at with the names and EINs of all members the extension is for.									
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time									
	until08/15_, 20 15 _, to file the exempt organization return for the organization named al	οονε	e. Th	e extension is	s					
	for the organization's return for:									
	▶ X calendar year 20 14 or									
	▶ tax year beginning, 20, and ending,	20								
2	If the tax year entered in line 1 is for less than 12 months, check reason:	า								
	Change in accounting period									
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	nonrefundable credits. See instructions.	3a	\$		0					
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0					
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS									
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		0					
Cau	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn	188	79-E0	O for payment	t					
instr	ructions.									

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ► X Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part	Additional (Not Automatic) 3-Month	Extension of	of Time. Only file the orig	inal (no copies need	ed).	
			E	nter filer's identifying nur		
	Name of exempt organization or other filer, see	instructions.		Employer identification n	umber (EIN) or
Туре	or					
print THE FIBROLAMELLAR CANCER FOUNDATION,			INC.	27-034102	1	
File by th	Number, street, and room or suite no. If a P.O.	box, see instru	ctions.	Social security number (S	SSN)	
due date	e for 20 HORSENECK LANE					
filing you return. S		or a foreign ad	dress, see instructions.			
instructio						
Enter t	the Return code for the return that this applicatio	n is for (file a	a separate application for ea	ach return)		0 1
Appli	cation	Return	Application			Return
Is For		Code	Is For			Code
Form	990 or Form 990-EZ	01				
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than in	dividual)		09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not alread	y granted ar	n automatic 3-month exter	ision on a previously f	iled Form	8868.
Tele • If th • If th for the list with 4 I 5 F 6 If [7 S 7 S 	books are in the care of \bigvee_{WILLIAM} BEERMAN ephone No. $\searrow 203 862-3196$ e organization does not have an office or place of is is for a Group Return, enter the organization's e whole group, check this box	f business ir four digit Gro . If it is for pa ion is for. until months, chea 	Fax No. ► the United States, check the pup Exemption Number (GE art of the group, check this , 20, and , 20, and ck reason:Initial re RD PARTY INFORMATION	nis box	. If this and attac	h a
b lf e c E	onrefundable credits. See instructions. If this application is for Forms 990-PF, 990- estimated tax payments made. Include any amount paid previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include	T, 4720, o prior year c le your paym	r 6069, enter any refun overpayment allowed as	dable credits and a credit and any 8t 8t 8t ed, by using EFTPS 8t	x \$	0
(Electronic Federal Tax Payment System). See inst		of he concluted for D		\$	0
Under	Signature and verifi penalties of perjury, I declare that I have examined		st be completed for P	•	d to the h	oct of mi
	dge and belief, it is true, correct, and complete, and tha			uics and statements, an	u lu line D	est of my

Signature 🕨

Title ► WILLIAM BEERMANN Date ► 07/31/2015

0,7,5172015

Form 8868 (Rev. 1-2014)



INTRUCTIONS FOR FILING FIBROLAMELLAR CANCER FOUNDATION INC. FORM 990 FOR THE PERIOD ENDED DECEMBER 31, 2014

SIGNATURE...

THE COPY OF THE FEDERAL RETURN SHOULD BE DATED AND SIGNED BY THE TAXPAYER ON PAGE 2 FOR THE STATE OF CONNECUTICUT.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEOFRE NOVEMBER 16, 2015 WITH:

STATE OF CONNECTICUT PUBLIC CHARITES UNIT OF THE OFFICE OF THE ATTORNEY GENERAL 55 ELM STREET HARTFORD, CT 06106

TO DOCUMENT THE TIMELY FILING OF YOUR RETURN(S), WE SUGGEST THE YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL.

COPY FOR THE STATE OF CONNECTICUT

Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

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

2014 Open to Public

OMB No. 1545-0047

Interr	al Rever	nue Serv		h about Form 990 and	its instructions	is at www.ir	s.gov/10	1111990.	inspection
A F	or th	e 201	4 calendar year, or tax year be	eginning	, 2014	, and endi	<u> </u>		, 20
Β.			C Name of organization					D Employer identifie	cation number
D C	heck if ap	plicable:	THE FIBROLAMELLAR CA	ANCER FOUNDATIO	N, INC.			27-034102	21
	Addres		Doing business as						
	Name	change	Number and street (or P.O. box if ma	il is not delivered to street ad	dress)	Room/suite		E Telephone numbe	r
	Initial	return	20 HORSENECK LANE					(203) 862-	3196
	Final r	eturn/	City or town, state or province, count	ry, and ZIP or foreign postal	code				
-	termin Ameno	ded	GREENWICH, CT 06830					G Gross receipts \$	1,249,043.
-	Applic	ation	F Name and address of principal officer	JOHN HOPPEF	>			H(a) Is this a group re	
	_ pendir	ng	20 HORSENECK LANE G	001111 110111				subordinates?	
	Tax-exe	omet et						H(b) Are all subordinates	ist. (see instructions)
					4947(a)(1)	or 52			
			WWW.FIBROFOUNDATION.O					H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
			ization: X Corporation Trust	Association Othe	r 🕨	L Year o	of formatio	on: 2009 M Stat	e of legal domicile: DE
Pa	art I		mmary						
	1	Briefly	describe the organization's missio	n or most significant activ	/ities: _SEE_S	CHEDULE	<u> </u>		
ce									
nan									
ver	2	Check	this box 🕨 📃 if the organizatio	n discontinued its opera	itions or dispos	ed of more th	an 25% (of its net assets.	
Governance	3	Numb	er of voting members of the govern	ing body (Part VI, line 1a))				6.
š			er of independent voting members						5.
Activities &			number of individuals employed in a						2.
tivi			number of volunteers (estimate if neo						8.
Ac			unrelated business revenue from Pa	**					-
			nrelated business taxable income fro						-
	~	not ui						Prior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)				868,397.	1,163,124.
Revenue								00070070	
ver			am service revenue (Part VIII, line 2g					129.	3,032.
Re			ment income (Part VIII, column (A),						
			revenue (Part VIII, column (A), lines					868,526.	
			revenue - add lines 8 through 11 (m						1,113,398.
			s and similar amounts paid (Part IX,					874,877.	708,182.
			its paid to or for members (Part IX, o					0	-
ses			es, other compensation, employee b					43,798.	50,921.
Expenses	16a	Profes	ssional fundraising fees (Part IX, colu	ımn (A), line 11e)				0	0
ц.			fundraising expenses (Part IX, colum						
	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e)				44,318.	157,237.
			expenses. Add lines 13-17 (must eq					962,993.	916,340.
	19	Reven	ue less expenses. Subtract line 18 f	rom line 12				-94,467.	197,058.
sor	20 21 22						Beginn	ing of Current Year	End of Year
sets	20	Total a	assets (Part X, line 16)					2,064,271.	2,596,182.
As	21		iabilities (Part X, line 26)					449,697.	777,870.
Lunet	22		sets or fund balances. Subtract line					1,614,574.	1,818,312.
Ра	rt II		gnature Block						
Und	der pen	alties c	f perjury, I declare that I have examined	this return, including acco	ompanying sched	ules and state	ments, an	d to the best of my	knowledge and belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other	than officer) is based on all i	nformation of wh	ich preparer ha	as any kno	owledge.	<u> </u>
Sig	n		Signature of officer					Date	
Hei		·	JOHN HOPPER		FVFCIT	IVE DIRE	CTOP		
			Type or print name and title		EAECUI	TAR DIKE	JOIOK		
			The or hunt name and file						

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)																		
May the IRS discuss this return with the preparer shown above? (see instructions)									No									
ose only	Firm's address	▶111	WOOD	AVE	SO	STE	600	ISELIN,	NJ	08830.	-2700	Phone r	10.	732-2	243-	-7000		
Ilco Only	Firm's name	▶EISN	JERAMI	PER I	LP							Firm's E	IN 🕨	13-16	5398	326		
		TAIB	_					/	Daubar	Tail	11/16/201	5 sel	f-emplo	oyed	P0(017952	26	
Detal	Print/Type pre	parers nar	ne			Prep	parers	signature	1	T.	Date		eck 🔄	_ if PI	IIN			

THE	FIBROLAMELLAR	CANCER	FOUNDATION,	INC.

				Part III	<u></u>
		e organization's mission	n:		
-	SEE SCHEDULE	0.			
-					
	Did the organizati	on undertake any sign	ificant program services during the	year which were not listed on the	
I	prior Form 990 or				Yes X
	Did the organiza services?	tion cease conducting	g, or make significant changes i	n how it conducts, any program	Yes X
		hese changes on Scher		of its three largest program service	es, as measured
(expenses. Section	501(c)(3) and 501(c)		report the amount of grants and al	
			807,867. including grants of \$	708,182.) (Revenue \$)
-	SEE SCHEDULE	0.			
-					
-					
-					
-					
-					
-					
-					
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-					
-					
-					
-					
-					
-					
C (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-					
-					
-					
-					
-					
	Other program se	rvices (Describe in Sch	edule O)		
d (<pre>````````````````````````````````````</pre>	
	Expenses \$	including gr	ants of \$ (Reve	enue \$)	

Ves No 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // * % * is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer 1 * Mes. "complete Schedule C Part 1. 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer. "Press" complete Schedule C Part 1. 3 X 4 Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4). 501(c)(5). or 501(c)(6) organization thal receives membership dices. assessments, or similar amounts as defined in Revenue Procedure 98-197. Yes." complete Schedule D. Part 1. 4 X 5 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 distocial trassures. 7 X 6 Did the organization maintain collections of works of at. histocical trassures. 7 X 7 Did the organization maintain collections of works of at. histocical trassures. 8 X 9 Did the organization report an amount in Part X. line 21. for escrow or custodial account liability, serve as custodial for amounts not listed in Part X. or provide credit counselling. doth management, credit repart V. 9	Form 9	90 (2014)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 × 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 × 3 Did the organization mappe in interco trialicat campaign activities on behalf of or in opposition to candidates for public officer If "Yes." complete Schedule C, Part I. 3 × 4 Section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 4 × 5 Is the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7.17 "Yes." complete Schedule D, Part I. 5 × 6 V Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7.17 "Yes." complete Schedule D, Part I. 7 × 7 Uid the organization maintain collections of works of at, historical trassures, or other similar assets? If Yes." complete Schedule D, Part V. 8 × 9 Uid the organization report an amount in Part X, line 21, for secrow or custofial account liability, serve as acustofian for amounts for the rassures. Or provide radid courseling, debt management, redit repair, or debt negorization r	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 1s the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officer 11 "Mss" complete Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. D01(c)(4). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Ves" complete Schedule C. Part II. 4 X 5 Id the organization activities on both (6). 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-197 If "Ves" complete Schedule C. Part II. 5 X 6 Did the organization activities of works of ant, historical trassures. 7 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Pes." complete Schedule D. Part I. 7 X 7 Did the organization maintain collections of works of ant, historical trassures. 8 X 9 Did the organization maintain collections of works of ant, historical trassures. 8 X 9 Did the organization regurption organization schedule D. Part V. 9 X 10 Did the organization regurption organization regurption amount for lows granization schedule D. Part V. <				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	1				
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes" complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year' II "yes", complete Schedule C, Part II. 5 Is the organization assection 501(c)(5), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II "yes", complete Schedule C, Part II. 6 Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes", complete Schedule D, Part V. 7 Did the organization reserve or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic structures? II "Yes", complete Schedule D, Part V. 9 Did the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 9 Did the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 10 Did the organization and incluse to any other following questions in Yes", then complete Schedule D, Part V. 10 If the organization resolution of works of ath, historical treasures, or other similar asset? II "Yes", complete Schedule D, Part V. 10 If the organization resolution of the anametid and and the lower on the solution and the comparization section of the solution and the organization resolution of the anametid and anametid or other assets in Team X. Line 12 that is 5% or more of its total assets resported in Part X. Ine 16 II "Yes", complete Schedule D, Part X. 11 Di du organization resport an amou		complete Schedule A			
candidates for public office? // "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organization page in lobbying activities, or have a section 501(c)(4) 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar 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? /f 5 X 7 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? /f 7 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt mangement, credit repair, or debt negoliation services? If Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V. 10 X <	2		2	Х	
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			20a		

Form **990** (2014)

JSA

	90 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)		Mar	N
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
22	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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?	0.51		37
~~	If "Yes," complete Schedule L, Part I	25b		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			
		26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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>	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
33	complete Schedule N, Part II	32		
33	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,			
04	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

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Par				
	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 1a 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		21	
24	Statements, filed for the calendar year ending with or within the year covered by this return 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	v	
h	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	Δ	
C	required to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	158		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Form 9	Open (2014)THE FIBROLAMELLAR CANCER FOUNDATION, INC.27-0342	021	I	->age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	v	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		X
•	stockholders, or persons other than the governing body?	7b		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a h	The governing body?	8b	X	
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	э.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
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?	4.5		v
а	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		X
h	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1.00		1
17				
18	List the states with which a copy of this Form 990 is required to be filed \mathbf{P}_{-2}^{-2} . Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
	available for public inspection. Indicate how you made these available. Check all that apply.	551(0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, only)
	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 int	erest	policy	v. 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 record	s: ►		
	WILLIAM BEERMANN 20 HORSENECK LANE GREENWICH, CT 06830 203-862-3196			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box, office	iot ch unles	s pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MARNA_O CHAIRWOMAN, PRESIDENT	1.00	X		Х				0	0	0
(2)CHARLES W. BEERMANN DIRECTOR	1.00	Х						0	0	0
(3) DEREK GILCHRIST DIRECTOR, SECRETARY	2.00	X		Х				0	0	0
(4)ALISHA_STERNENBERGER DIRECTOR	1.00	Х						0	0	0
	25.00	Х		Х				37,500.	0	4,708.
ANNEADLER DIRECTOR	1.00	Х						0	0	0
(7) 										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

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Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and H	lig		ed Emplo (E)	yees (co	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	erson lirect	e than o is both or/trusto emplo	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation related organization (W-2/1099-MI	on from ed tions	am com fro	(F) timated oount of other pensation om the anization	on
		below dotted line)	or director	Institutional trustee	УГ 	Key employee	Highest compensated employee	er					l related	
			-											
			_											
			-											
			-											
			-											
			-											
			_											
1b	Sub-total								37,500.		0		4,7	08.
	Total from continuation sheets to Part VII, S				•••				0		0			0
d	Total (add lines 1b and 1c)			• •					37,500.		0		4,7	08.
2	Total number of individuals (including but not reportable compensation from the organization			liste	d al	bove	e) who	o re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	pen P <i>If</i>	satior <i>"Yes</i>	n a s,"	nd other compens complete Schedu	sation from <i>le J for</i>	the <i>such</i>			V
5	<i>individual</i> Did any person listed on line 1a receive or											4		X
Se	for services rendered to the organization? If "Ye ction B. Independent Contractors	es," comple	te Scł	hedu	ıle J	l for	such	per	rson			5		Х
1														
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) ompens	ation	

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 ► 0 JSA 4E1055 1.000

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Par	t VII	Statement of Rever Check if Schedule O co		se or note to an	v line in this Part V	111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events	1b 1c 1d utions). 1e grants, 1f i above 1f	678,228. 484,896. 4,612.	1,163,124.			
Program Service Revenue	2a b c d e f g	All other program service rev	enue	Business Code	0			
<u> </u>	3 4 5		cluding dividen ATTACHMENT tax-exempt bond	ds, interest, 1 ► proceeds ►	3,125. 0 0			3,125.
	6a b c d	Gross rents)		0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	c d	and sales expenses Gain or (loss)	-93.	· · · · · · •	-93.			-93.
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	678,228. line 1c).	ATCH 2				
the		Less: direct expenses	b	131,033. ATCH 3►	50.550			50.550
0	с 9а	Net income or (loss) from fu Gross income from gaming See Part IV, line 19	activities.		-52,758.			-52,758.
	b c	Less: direct expenses Net income or (loss) from g			0			
	10a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sal	b		0			
		Miscellaneous Reven	ue	Business Code				
	11a							
	b							
	С							
	d	All other revenue			0			
_	е 12	Total. Add lines 11a-11d • Total revenue. See instructio			1,113,398.			-49,726.

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Section 501(c)(3) and 501(c)(4) organizations mu	st complete all columns	s. All other organization	is must complete colum	n (A).
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	708,182.	708,182.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	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)	0			
7 Other salaries and wages	5,075.		5,075.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	4,708.		4,708.	
10 Payroll taxes	3,638.		3,638.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	63,470.	19,800.	43,670.	
12 Advertising and promotion	5,380.			5,380
13 Office expenses	1,747.		1,747.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
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.)				
aEVENTS	76,100.	76,100.		
bMISC EXPENSES	5,405.		5,405.	
cTRAVEL AND ENTERTAINMENT	3,785.	3,785.		
dWEBSITE	1,350.		1,350.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	916,340.	807,867.	103,093.	5,380
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here	I	I		

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	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	43,194.	1	29,295.
	2	Savings and temporary cash investments	1,654,566.	2	2,556,887.
	3	Pledges and grants receivable, net	362,596.	3	10,000.
	4	Accounts receivable, net	0	4	0
	5	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	0	5	0
	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
ets	7	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
۷	9	Prepaid expenses and deferred charges	3,915.	9	0
	-	Land, buildings, and equipment: cost or	0,910.		
	IVu	other basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	0	10c	0
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14		0	14	0
	15	Intangible assets Other assets. See Part IV, line 11	0		0
	16		2,064,271.	16	2,596,182.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	25,020.	17	20,667.
	18	Grants payable	424,677.	18	755,861.
	19	Grants payable	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	,33,001
	20	Deferred revenue	0	20	0
(0	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
Liabilities	22	Loans and other payables to current and former officers, directors,	0	21	0
bili	22	trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	22		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			0	25	1,342.
	26	of Schedule D Total liabilities. Add lines 17 through 25	449,697.	25	777,870.
	26		449,097.	20	///,0/0.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,614,574.	27	1,818,312.
Ba	28	Temporarily restricted net assets	0	28	0
pu	29	Permanently restricted net assets	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,614,574.	33	1,818,312.
_	34	Total liabilities and net assets/fund balances.	2,064,271.	34	2,596,182.
					Form 990 (2014)

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) 2 Total expenses (must equal Part IX, column (A), line 25)	1,1 9	13,398. 916,340. 97,058.
1 Total revenue (must equal Part VIII, column (A), line 12)	1,1 9	13,398. 916,340. 97,058.
	9 1	916,340.
2 Total expanses (must equal Part IX column (A) line 25) 2	1	97,058.
3 Revenue less expenses. Subtract line 2 from line 1	1,6	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		514,574.
5 Net unrealized gains (losses) on investments5		0
6 Donated services and use of facilities		0
7 Investment expenses		0
8 Prior period adjustments		0
9 Other changes in net assets or fund balances (explain in Schedule O)		6,680.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
33, column (B))	1,8	318,312.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	Х
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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
the Single Audit Act and OMB Circular A-133?	3a	Х
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.	3b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Depa	rtment of the Treasury	N 1 <i>C</i> 1		Attach to Form 990 or			· · · · · · · · · · · · · · · · · · ·	Open to Public
	al Revenue Service	Information	n about Schedule A	(Form 990 or 990-EZ) a	ind its ins	structions	is at www.irs.gov/form9	
	e of the organization			-				tification number
	FIBROLAMELLA				o monol o fe	a thia ma		-0341021
Par				-	-		art.) See instructions	
		-		t is: (For lines 1 throug	-	-		
1				tion of churches desc		section 1	70(D)(T)(A)(I).	
2				 Attach Schedule E.) organization described 		n 170/h	(4)(A)(iii)	
3 4		-		-			n section 170(b)(1)(A)	(iiii) Enter the
4	hospital's name	-	-		spital de	Scribeu i		
5	·			a college or universit	v owner	d or one	erated by a governme	ntal unit described in
Ŭ		-	Complete Part II.)	a concept of aniveron	y owned		siated by a governine	
6				rnmental unit describe	d in sect	ion 170	(b)(1)(A)(v).	
7		-	-					om the general public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8				b)(1)(A)(vi) . (Complete	Part II.)			
9			-				contributions, memb	ership fees, and gross
	receipts from	activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	re than 331/3% of its
	support from	gross invest	tment income an	d unrelated business	taxable	e incom	e (less section 511	tax) from businesses
	acquired by the	e organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	e Part III.)	
10	An organizatio	n organized a	and operated excl	usively to test for publi	c safety.	See sec	ction 509(a)(4).	
11		-	-		-			rry out the purposes of
			-			-		ction 509(a)(3). Check
		-					and complete lines 11e	-
а			-		-		orted organization(s),	
		-			elect a m	ajority o	of the directors or trus	tees of the supporting
h			omplete Part IV, S					
b							s supported organizations that control or man	
		-		, Sections A and C.	the sam	e persor		age the supported
с		-	-		ited in co	onnectio	n with, and functional	ly integrated with
		-		ns). You must comple				.,
d		•	. , .	· ·			ection with its suppor	ted organization(s)
		-			-		oution requirement and	
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		-					hat it is a Type I, Type I	I, Type III
-				tionally integrated sup	porting o	organiza	tion.	
f			-					•••••
g		•		orted organization(s).	<i>a</i>			
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(•)								
(A)								
(B)								
(C)								
(D)								
(E)								
-								
Tota	I							
							•	

Schedule A (Form 990 or 990-EZ) 2014

OMB No. 1545-0047

2 4 Open to Public

Page **2**

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.)

Calendary year (or facat year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Telal 1 Gifs, grants, contributions, and membershy flees received. (Do not include any unusual grants.) 1.052,223. 622,227. 1.662,227. 1.162,224. 4.735,132. 2 Tax revenues level of the her point to respect on the basis of the toring and on the point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her point of the contributions by each presence (Cher of the her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her her basis of contributions by each presence (Cher of the her her her basis of contributions by each presence (Cher of the her her her her her basis of contributions by each presence (Cher of the her her her her her basis of contributions by each presence (Cher of the her her her her her her basis of contributions by each presence (Cher of the her her her her her her her her her h	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants",	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
or granization's benefit and either paid to or expended on its beach organization's benefit and either paid to organization's benefit and either paid furnished by a governmental unit to the organization without charges	1	membership fees received. (Do not	1,041,724.	818,360.	863,537.	868,397.	1,163,124.	4,755,142.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported arganization) included on line 1 that exceeds 2% of the amount in a that exceeds 2% of the amount in a that exceeds 2% of the amount shown on line 11, column (f).ACPE 1 2.1362,736. 6 Public support: Subtract line 5 from line 4. 2.1362,736. 7 Amounts from line 4	3	furnished by a governmental unit to the						0
each person (other than a governmental unit provernmental	4	Total. Add lines 1 through 3	1,041,724.	818,360.	863,537.	868,397.	1,163,124.	4,755,142.
6 Public support. Subtract line 5 from line 4. 2, 392, 406. Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 1, 043, 724. 818, 360. 863, 397. 968, 397. 1, 163, 124. 4, 735, 142. 8 Gross income from interest, dividends, payments received on securities loans, renis, royalties and income from similar sources 11. 2. 141. 129. 3, 125. 3, 408. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 0 0 11. 2. 141. 129. 3, 125. 3, 408. 9 Net income. Do not include gain or loss from the sale of capital assets (Explain Part V). 0 12 0 11 Total support. Add lines 7 through 10. 12 12 0 12 Gross receipts from related activities, etc. (see instructions). 12 14 10 50.2.2.8 % 13 First five years. If the Form 900 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. 15 % 66 31/3 % support test - 2014. If the	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 9 Gross income from unrelated business is regularly carried on securities to an experiment is received on securities to an experiment is required on the subiness is regularly carried on 9 Net income from unrelated business activities, whether on not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of captal assets (Explain in Part VI) 0 11 2. 141. 129. 3,125. 3,408. 11 2. 141. 129. 3,125. 3,408. 0 12 Gross receipts from related activities, etc. (see instructions). 12 0 4,758,550. 12 Gross receipts from related activities, etc. (see instructions). 12 12 0 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. 15 9 14 Public support percentage from 2013 Schedule A, Part II, line 14. 15 9 16 31/3%	~							
Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 1, 041, 724. 818, 360. 863, 537. 868, 397. 1, 163, 124. 4, 755, 142. 8 Gross income from interst, dividends, payments received on securities loans, rents, royalties and income from similar sources 11 2. 141. 129. 3, 125. 3, 408. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 . . 0 11 Total support. Add lines 7 through 10. . </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>2,392,406.</th>								2,392,406.
7 Amounts from line 4 1,041,724 818,360 863,537 868,397 1,163,124 4,755,142. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources. 11,041,724 818,360 863,537 868,397 1,163,124 4,755,142. 9 Net income from unrelated business is regularly carried on			(a) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 11. 2. 141. 129. 3,125. 3,408. 9 Net income from unrelated business is regularly carried on			. ,		. ,			
9 Net income from unrelated business activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans,	1,041,724.	818,360.	863,537.	868,397.	1,163,124.	4,/55,142.
activities, whether or not the business is regularly carried on		sources	11.	2.	141.	129.	3,125.	3,408.
loss from the sale of capital assets (Explain in Part VI.) 0 11 Total support. Add lines 7 through 10 4,758,550 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 14 5ection C. Computation of Public Support Percentage 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2014. 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, check this box and stop here. Explain in Part VI how 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, ch	9	activities, whether or not the business						0
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 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	10	loss from the sale of capital assets						0
 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 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						4,758,550.
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 50.28 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization × b 33 1/3 % support test - 2013. If the organization qualifies as a publicly supported organization × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 17a 10%-facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization × × × 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, check this box and stop here. Explain in Part VI how 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, check t	12	Gross receipts from related activities, etc. (s	see instructions) .				12	
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 b 10%-facts-and-circumstances test - 2013. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly su	upported
 b 10%-facts-and-circumstances test - 2013. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		organization						►
 Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	b							and line
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		15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check th	his box and sto	op here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part VI how the organizati	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly
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	18							
		instructions	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u> .	► 📋

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Col-	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(0) 2011	(C) 2012	(a) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
7 u	received from disgualified 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						
~	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	and 12.) First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a section 501	1(c)(3)
14		the organizatio			•		
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio	age	<u></u>	<u></u>		
	First five years. If the Form 990 is for organization, check this box and stop here	the organizatio	age	<u></u>	<u></u>		
Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio pport Percent , column (f) divid	age ed by line 13, colur	mn (f))		15	▶
Sec 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment	pport Percent column (f) divid edule A, Part III, lin nt Income Per	age ed by line 13, colur ne 15	nn (f))		15 16	▶
Sec 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li	the organization opport Percent , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (age ed by line 13, colur ne 15 ccentage f) divided by line <i>1</i>	nn (f)) 13, column (f))	·····	15	×××××××××××××××××××××××××××××××××××××
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Scho tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013	the organization port Percenta , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17	nn (f))	·····	15 16 17 18	· · · · · ► [
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li	the organization port Percenta , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17	nn (f))	·····	15 16 17 18	· · · · · ► [
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check the	the organizatio port Percenta , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto	age ed by line 13, colur he 15 centage f) divided by line 7 III, line 17 ot check the box p here . The org	mn (f)) 13, column (f)) < on line 14, and anization qualifie	d line 15 is more s as a publicly	15 16 17 18 e than 331/3 %, supported organ	·····► % % % and line nization
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the organization	port Percent , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not	age ed by line 13, colur he 15 centage f) divided by line 7 III, line 17 ot check the box p here. The org check a box on	nn (f)) 13, column (f)) 4 on line 14, and anization qualifie line 14 or line 15	d line 15 is more s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3 %, supported organs supported ngars more than 331	· · · · · ▶ % % % % and line nization ▶ /3 %, and
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check the	the organization port Percent , column (f) divide edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not t this box and s	age ed by line 13, colur he 15 centage f) divided by line 7 f) divided by line 7 ot check the box p here. The org check a box on top here. The or	nn (f)) 13, column (f)) 4 on line 14, and anization qualifie line 14 or line 19 ganization qualifi	d line 15 is more s as a publicly Da, and line 16 is es as a publicly	15 16 17 18 e than 331/3 %, supported orgar s more than 331 supported orgar	

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-034	1021		
-	le A (Form 990 or 990-EZ) 2014		I	Page 5
Part	V Supporting Organizations (continued)		24	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	•		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru		-	
C		<i>cuons)</i> .		No
2	Activities Test. Answer (a) and (b) below.			
а	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? 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.	2a		
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>	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below.			

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? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b JSA

3a

4E1230 2.000

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form	990 or	990-EZ) 2014
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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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2014

Part		Supporting Organizat	tions (continued)				
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer		ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo						
4	Amounts paid to acquire exempt-use assets	<u></u>					
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which						
Ŭ	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
а							
b							
С							
d							
e	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u> </u>							
	Carryover from 2009 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013						
е	Excess from 2014						

27-0341021

Page **8**

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

		ATTACHMEN	т 1
<u>SCHEDULE A, PART II - EXCESS CONTRIBUTIONS</u>	_		
(NOT OPEN TO PUBLIC INSPECTION)	TOTAL	LESS 2% OF	EXCESS CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
DAVIS FOUNDATION	510,000.	95,171.	414,829.
SPC FOUNDATION	1,978,249.	95,171.	1,883,078.
FRIEDMAN FAMILY FOUNDATION	160,000.	95,171.	64,829.
TOTAL	2,648,249.		2,362,736.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

14

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

Employer identification number

Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

27-0341021

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 1 _	FRIEDMAN FAMILY FOUNDATION		Person X Payroll
	ONE BEEKMAN PLACE, APT. 11C NEW YORK, NY 10023	\$50,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2 _	DAVIS_FOUNDATION		Person
	17 FIELD POINT DRIVE	\$100,000.	Payroll Noncash
	GREENWICH, CT 06830		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION, INC.

27-0341021

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) from (c) Part I Description of noncash property given (a) No. (c) FMV (or estimate) (d) Date received

	(see instructions)	
	\$	
	(0)	
(b)		(d)
Description of noncash property given	(see instructions)	Date received
	 \$	
(b)	(c)	(d)
Description of noncash property given		Date received
	\$	
	(c)	
	FMV (or estimate)	(d) Date received
Description of honeasil property given	(see instructions)	Bate received
	\$	
(b)		(d)
Description of noncash property given	(see instructions)	Date received
	\$	
	+	
(b)	(c)	(d)
Description of noncash property given		Date received
	\$	1
	Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (b) (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (see instructions) (see instructions) (b) (c) (b) FMV (or estimate) (see instructions) (see instructions) (b) (c) (b) FMV (or estimate) (see instructions) (see instructions) (b) FMV (or estimate) (see instructions) (see instructions) (b) FMV (or estimate) (see instructions) (see instructions) (b) FMV (or estimate) (c) FMV (or estimate) (see instructions) (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

27-0341021 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

JSA 4E1255 1.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Dependence of a network Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number 27-0341021 THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Not Part II Conservation Easements. Yes Not	-		Supplement	al Financial S	tatements		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service ► Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Notes 9art II Conservation Easements. Yes Notes Yes Notes	(F0)	ini 990)			2014		
Name of the organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. I Total number at end of year	Depa	rtment of the Treasury			Open to Public		
THE FIBROLAMELLAR CANCER FOUNDATION, INC. 27-0341021 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value at end of year (a) Donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Not Part II Conservation Easements. Yes Not			Information about Schedule D (Fo	rm 990) and its instruction	ons is at www.irs.g		
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value at end of year . . 4 Aggregate value at end of year . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements.		-	P CANCER FOUNDATION INC				
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value at end of year (c) Donor advised funds (c) Part II 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements.				Funds or Other Sim	ilar Funds or A		
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year			•				
 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 		•				(b) Funds a	and other accounts
 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	1	Total number at e	nd of year				
 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	2	Aggregate value of	f contributions to (during year)				
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	3						
 funds are the organization's property, subject to the organization's exclusive legal control? G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 			-				
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. 	5	-		-			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	6	-			-		
conferring impermissible private benefit? Yes No Part II Conservation Easements. Yes	0	-	-				
Part II Conservation Easements.		-			-		
	Ра						
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.			• • • • • • • • • • • • • • • • • • •				
1 Purpose(s) of conservation easements held by the organization (check all that apply).	1						
Preservation of land for public use (e.g., recreation or education)				n or education)		-	
Protection of natural habitat					Preservation of	a certified his	storic structure
 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 	2			qualified conservation	contribution in th	he form of a c	onservation
easement on the last day of the tax year.	2	-		qualined conservation			
a Total number of conservation easements	а					2a	
b Total acreage restricted by conservation easements							
c Number of conservation easements on a certified historic structure included in (a) 2c	с	-	-			2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	d	Number of conse	vation easements included in (c) acc	uired after 8/17/06,	and not on a		
historic structure listed in the National Register							
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	3			ed, released, extinguis	hed, or terminat	ted by the or	ganization during the
tax year							
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 							of
	5	-				-	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	6						
▶			• •				
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	7			and enforcing conserv	ation easements	s during the ye	ar
▶\$							
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	8	Does each conse	vation easement reported on line 2(d)) above satisfy the req	uirements of sect	ion 170(h)(4)(l	3)(i)
	-	and section 170(h	(4)(B)(ii)?				. Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	9		o 1				
organization's accounting for conservation easements.							
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	Ра		· ·	rt, Historical Treasu	ures, or Other S	Similar Asse	ts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		Complete	if the organization answered "Yes	" to Form 990, Part I	V, line 8.		
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she	1a	If the organization	elected, as permitted under SFAS 1	16 (ASC 958), not to	report in its re	venue statem	ent and balance sheet
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.		works of art, hist	orical treasures, or other similar ass vide in Part XIII the text of the footnot	sets held for public e te to its financial state	exhibition, education e	ation, or rese tibes these iter	arch in furtherance of
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she 	b						
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance public service, provide the following amounts relating to these items:	-	works of art, hist	orical treasures, or other similar ass	sets held for public e			
(i) Revenue included in Form 990, Part VIII, line 1		(i) Revenue inclu	ded in Form 990, Part VIII, line 1				\$
(ii) Assets included in Form 990, Part X		(ii) Assets include	d in Form 990, Part X			🕨	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	2	If the organizatio	n received or held works of art, his	storical treasures, or	other similar as	sets for finar	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:							
a Revenue included in Form 990, Part VIII, line 1	-						
							 Schedule D (Form 990) 2014

Schee	dule D (Form 990) 2014												ige 2
Par	t III Organizations Maintaini	ng Collect	ions of	Art, I	Historica	al Treasu	ıres,	or Otl	ner Simila	ar Asse	ts (conti	inued	d)
3	Using the organization's acquisition	on, accessio	on, and c	other re	ecords, c	heck any	of the	e follow	ving that a	re a sigr	nificant us	se of	its
	collection items (check all that app	ly):											
а	Public exhibition			d	Lc	an or exc	hange	progra	ms				
b	Scholarly research			е	01	her							
с	Preservation for future gene	rations											
4	Provide a description of the orga	nization's co	ollections	and e	explain ho	ow they f	urther	the or	ganization's	s exemp	t purpose	e in F	Part
	XIII.												
5	During the year, did the organization assets to be sold to raise funds rate										Yes		No
Par	t IV Escrow and Custodial A												-
	or reported an amount of					<u></u>							
1a	Is the organization an agent, truste	e, custodia	n or othe	er interr	mediary f	or contrib	utions	or othe	r assets no	t			
	included on Form 990, Part X?				-					_	Yes		No
b	If "Yes," explain the arrangement i												
									A	mount			
С	Beginning balance						. 1c						
	Additions during the year												
е	Distributions during the year												
f	Ending balance						. 1f						
2a	Did the organization include an am							stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII.	Check he	ere if th	ne explana	ation has b	een p	rovided	in Part XIII				
Par	t V Endowment Funds. Com	plete if the	e organi	zation	answere	ed "Yes" f	to Foi	rm 990	, Part IV, I	ine 10.			
		(a) Currei	nt year	(b)	Prior year	(c) T	wo yea	rs back	(d) Three y	ears back	(e) Four y	ears ba	ack
	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage				ance (line	1g, colum	ın (a))	held as	:				
а	Board designated or quasi-endown			_%									
	Permanent endowment	%											
С	Temporarily restricted endowment		%										
	The percentages in lines 2a, 2b, a		•										
3a	Are there endowment funds not in	the posses	sion of th	ne orga	nization	hat are he	eld an	d admir	nistered for	the			
	organization by:											es	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" to 3a(ii), are the related or										3b		
4	Describe in Part XIII the intended		organiza	tion's e	ndowmer	nt funds.							
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	ared "Ve	s" to F	orm QQ() Part IV	line	11a S	e Form 0	100 Par	t X line ²	10	
	Description of property		(a) Cost or			Cost or other			cumulated		d) Book valu		
			(invest			(other)			eciation				
	Land												
b	Buildings	· · · · · _											
С	Leasehold improvements												
d	Equipment												
е	Other	<u></u>											
Tota	I. Add lines 1a through 1e. (Columr	ı (d) must e	qual Form	n 990, F	Part X, co	lumn (B), l	ine 10)(c).) 👖					

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other__ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4) (5)(6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5)(6) (7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO STONE POINT CAPITAL 1,342 (3) (4)(5) (6)(7)(8) (9)

1,342. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	1,267,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 22,860.		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	153,893.
3	Subtract line 2e from line 1	3	1,113,398.
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 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	1,113,398.
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,063,553.
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 2		
d	Other (Describe in Part XIII.) 2d 131,033.		
е	Add lines za through zu	2e	153,893.
3		3	909,660.
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 4a		
b	Other (Describe in Part XIII.) 4b 6, 680.		
С	Add lines 4a and 4b	4c	6,680.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	916,340.
Part			na 4. Dart V. lina
	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 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

JSA

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Schedule D (Form 990) 2014

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 BY THE ORGANIZATION, AND HAS CONCLUDED AS OF DECEMBER 31,2014, THERE ARE NO UNCERTAIN 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, 2014.

PART XI LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES

PART XII LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES: 131,033

PART XII LINE 4B:

ADJUSTMENTS FROM PRIOR YEAR GRANT TO MEMORIAL SLOAN KETTERING CANCER CENTER: 6,680

Schedule D (Form 990) 2014

131,033

	Supplemen	tal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	he organization answe organization entered	2014					
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its ins	structions is at www.ii	rs.gov/form990.	Inspection
Name of the organization						Employer identificati	on number
THE FIBROLAMELLA						27-034102	
	ng Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
a Mail solicitat							
b Internet and							
c Phone solicit	ations	g	Spee	cial fundrai	ising events		
d 🔄 In-person so	licitations						
b If "Yes," list the t	on have a written o s listed in Form 990 en highest paid indi east \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	which the organiza	tion in registers to			oontributions	has been notified	Lit is available from
 List all states in registration or lice 		uon is registerea (n iicense(CONTINUTIONS OF		i it is exempt from

27-0341021

Schedule G (Form 990 or 990-EZ) 2014

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

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	756,503.			756,503.
œ		Less: Contributions Gross income (line 1 minus	678,228.			678,228.
		line 2)	78,275.			78,275.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direo	8	Entertainment				
	9	Other direct expenses	131,033.			131,033.
		Direct expense summary. Add lines 4				<u> </u>
-	rt I	Net income summary. Subtract line 1 Gaming. Complete if the organization of the organi				
		than \$15,000 on Form 990-E				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
lses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	a Is	nter the state(s) in which the organizat the organization licensed to conduct o "No," explain:		of these states?		_ Yes No
		/ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe		ng the tax year?	_ Yes No

Schedule G (Form 990 or 990-EZ) 2014

THE	FIBROLAMELLAR	CANCER	FOUNDATION.	TNC.

Sched	the FIDROLAMEDLAR CANCER FOUNDATION, THE. 27 0341021	Page 3
11	Does the organization conduct gaming activities with nonmembers?	
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?	s No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility 13a	%
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	
i o u	revenue?	s 🗌 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 \blacktriangleright \$	
с	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	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
a		
~	retain the state gaming license?	s 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 > \$	
Par		d
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I	Grants and Other Assistance to Organizations,		OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States		2014
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection
Name of the organization		Employer identi	fication number
THE FIBROLAMELI	LAR CANCER FOUNDATION, INC.	27-0341	021
Part I General I	nformation on Grants and Assistance		
1 Does the organiz	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or	r assistance,	and
the selection crit	teria used to award the grants or assistance?		X Yes No
	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" 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.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY							FIBROLAMELAR
47 COLLEGE STREET NEW HAVEN, CT 06520	06-0646973	501(C)(3)	127,000.				CLINICAL STUDIES
(2) JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE							FIBROLAMELAR
733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501 (C)(3)	580,182.				CLINICAL TRIALS
(3)	_						
(4)	_						
(5)							
(6)	_						
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)	_						
(12)	-						
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations I 	d governmen isted in the lir	t organizations	listed in the line 1 t	able	· · · · · · · · · · · · · · · · · · ·	└ 	2.

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

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. Part III can be duplicated if additional space is needed.

(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
-	(b) Number of recipients			

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) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

27-0341021

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

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, PART IV, LINE 2: DIRECTORS WILLIAM BEERMANN AND CHARLES BEERMANN HAVE A FAMILY THE FIBROLAMELLAR CANCER FOUNDATION, INC.

Employer identification number 27-0341021

RELATIONSHIP.

Name of the organization

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.

FORM 990, PART XI, LINE 9:

JSA

AN ADJUSTMENT TO A GRANT IN 2013 TO MEMORIAL SLOAN KETTERING CANCER

Schedule O (Form 990 or 990-EZ) 2014				Page 2
Name of the organization			Employer identification	number
THE FIBROLAMELLAR CANCER FOUNDATI	ON, INC.		27-0341021	
CENTER.				
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT	INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	3,12	25.		3,125.
TOTALS	3,12	25.		3,125.
			ATTACHMENT 2	
FORM 990, PART VIII - EXCLUDED CO	NTRIBUTIONS			
DESCRIPTION	AMOUNT			
GOLF TOURNAMENT	678,228			

TOTAL	678,228.

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	78,275.	131,033.	-52,758.
TOTALS	78,275.	131,033.	-52,758.

(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

Х

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, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns.
Enter filer's identifying number, see instructions

or
1

Enter the Return code for the return that this application is for (file a separate application for each return)

Application		Application	Return	
Is For	Code	Is For	Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09	
Form 990-PF	04	Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above)	06	Form 8870	12	

• The books are in the care of **WILLIAM BEERMANN**, 20 HORSENECK LANE GREENWICH, CT 06830

Т	Felephone No. ▶ 203 862-3196 FAX No. ▶			_			
• It	f the organization does not have an office or place of business in the United States, check this box			▶[
• It	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is			
for	the whole group, check this box ▶ . If it is for part of the group, check this box ▶		and	d attach			
a lis	at with the names and EINs of all members the extension is for.						
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time						
	until08/15_, 20 15 _, to file the exempt organization return for the organization named al	oove	e. Tł	he extension	n is		
	for the organization's return for:						
	▶ X calendar year 20 14 or						
	▶ tax year beginning, 20, and ending,	20					
2	2 If the tax year entered in line 1 is for less than 12 months, check reason:						
	Change in accounting period						
3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a	\$		0		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0		
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS						
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		0		
Cau	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn	1 88 [.]	79-E	O for payme	ent		
instr	ructions.						

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part	Additional (Not Automatic) 3-Month E	xtension of	of Time. Only file the orig	inal (no copies need	led).		
	Enter filer's identifying numl					instructions	
	Name of exempt organization or other filer, see i	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
Туре	or						
print	THE FIBROLAMELLAR CANCER FOUL	NDATION,	INC.	27-0341021			
File by th	Number, street, and room or suite no. If a P.O. b	et, and room or suite no. If a P.O. box, see instructions. Social security number (SSN			SSN)		
due date	e for 20 HORSENECK LANE						
filing you return. S		dress, see instructions.					
instructio	GREENWICH, CT 06830						
Enter t	he Return code for the return that this application	is for (file a	a separate application for ea	ach return)		0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form	990 or Form 990-EZ	01					
Form	990-BL	02	Form 1041-A	1-A			
Form	4720 (individual)	03	Form 4720 (other than in	dividual)		09	
Form	990-PF	04	Form 5227	·		10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T (trust other than above)	06	Form 8870			12	
STOP!	Do not complete Part II if you were not already	granted an	n automatic 3-month exter	sion on a previously	filed Forr	n 8868.	
Tele • If th • If th for the <u>list with</u> 4 I 5 F 6 If [7 S 7 S 	books are in the care of $\blacktriangleright_{\text{WILLIAM} \text{ BEERMAN}}$ e organization does not have an office or place of is is for a Group Return, enter the organization's for whole group, check this box \blacktriangleright \square	 business ir bur digit Gro If it is for pa on is for. until ning months, chea FING THI K RETURN	Fax No. ► the United States, check the pup Exemption Number (GE art of the group, check this , 20, ar , 20, ar ck reason:Initial re RD PARTY INFORMATI	nis box	If th and atta	ach a	
b lf e c B	onrefundable credits. See instructions. this application is for Forms 990-PE, 990-T stimated tax payments made. Include any p mount paid previously with Form 8868. calance Due. Subtract line 8b from line 8a. Include Electronic Federal Tax Payment System). See instr	, 4720, o rior year c your paym	r 6069, enter any refun overpayment allowed as	a credit and any 8 8 8 9 9 9	a \$ b \$ c \$	0 0 0	
	Signature and Verific		st be completed for P		<u>- -</u>		
	penalties of perjury, I declare that I have examined dge and belief, it is true, correct, and complete, and that	this form, in	cluding accompanying sched	•	nd to the	best of my	

Signature 🕨

Title ►WILLIAM BEERMANN Date ► 07/31/2015

Form 8868 (Rev. 1-2014)