IRS e-file Signature Authorization Form 8879-EO OMB No. 1545-1878 for an Exempt Organization For calendar year 2017, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021 Name and title of officer JOHN HOPPER, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here \blacktriangleright X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 1,606,246. b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here Form 990-PF check here > b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize EISNERAMPER LLP 5 to enter my PIN as my signature ERO firm name Enter five numbers, but on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date $\triangleright 11/15/2018$ Certification and Authentication

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

2 0 8 7 0 0 1 3 1 6 3

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized RS e-file Providers for Business Returns.

ERO's signature >

Date ▶ 11/15/2018

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

THE FIBROLAMELLAR CANCER FOUNDATION, INC.

TAX RETURNS

FOR THE YEAR ENDED DECEMBER 31, 2017

PAPER FILING







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 990
FOR THE PERIOD ENDED DECEMBER 31, 2017

SIGNATURE...

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

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2018:

STATE OF CONNECTICUT

PUBLIC CHARITIES

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 THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL.

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)

2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A FC	r the 2	017 calendar year, or tax year beginning	, 2017,	and ending		, 20
B Che	ck if applica	C Name of organization	ALLAND A MIT CAT		D Employer identifi	
	Address	THE FIBRULAMELLAR CANCER FO	DUNDA'I'LON		27-03410	21
	change	Doing business as	und to atreat address)	December / switz	C Talanhana numbe	
	Name cha	OO HODGENEGIK LAND OND DI OO	,	Room/suite	E Telephone number	
	Initial retur				(203) 862-	3196
	terminated Amended	only of town, state of province, country, and 211 of	loreign postar code		200000000000000000000000000000000000000	1 012 410
	return Application	GREENWICH, CT 06830 F Name and address of principal officer: JOH	N HOPPER		G Gross receipts \$ H(a) Is this a group re	1,913,410.
	pending	12 SALEM STREET COS COB, CT			subordinates?	
		·			H(b) Are all subordinate	s included? Yes No a list. (see instructions)
		ot status: X 501(c)(3) 501(c) () ◀ WWW.FIBROFOUNDATION.ORG	(insert no.) 4947(a)(1)	or 527	—	· ·
			Othor N	L Voor of for	H(c) Group exemption mation: 2009 M Sta	
K F			on Other	L Year of for	mation: 2009 IN Sta	te of legal domicile: DE
Fal		Summary	:	מבטוווב ה		
	1 Bri	iefly describe the organization's mission or most si	gnificant activities:	THE DOLLE O.		
uce	_					
rus	2 Ch	neck this box	und its sperations or disper	- d of moone them (NEO/ of its mot spects	
Governance					1	12.
		imber of voting members of the governing body (Pi				11.
Activities &		imber of independent voting members of the gove				2.
<u>×</u>		tal number of individuals employed in calendar year				100.
Acti		tal number of volunteers (estimate if necessary)				
Ì		tal unrelated business revenue from Part VIII, colun				•
+	D INE	et unrelated business taxable income from Form 99	0-1, line 34		7k Prior Year	Current Year
	8 Co	entributions and grants (Part VIII line 1h)			1,529,179.	1,609,707.
Revenue		ontributions and grants (Part VIII, line 1h)			0.	
, ker		ogram service revenue (Part VIII, line 2g)/estment income (Part VIII, column (A), lines 3, 4, a			4,960.	8,757.
		her revenue (Part VIII, column (A), lines 5, 6d, 8c,			-9,079.	-12,218.
		tal revenue - add lines 8 through 11 (must equal P			1,525,060.	1,606,246.
_		ants and similar amounts paid (Part IX, column (A),			1,972,775.	405,000.
		enefits paid to or for members (Part IX, column (A),			0.	
١.		laries, other compensation, employee benefits (Pa			208,881.	230,651.
a)		ofessional fundraising fees (Part IX, column (A), lin			0.	
ber		tal fundraising expenses (Part IX, column (D), line 2				
ŭ,		her expenses (Part IX, column (A), lines 11a-11d, 1			132,589.	165,620.
		tal expenses. Add lines 13-17 (must equal Part IX,			2,314,245.	801,271.
		evenue less expenses. Subtract line 18 from line 12			-789,185.	804,975.
	10 10	vertue 1635 experioes. Oubtract line 16 from line 12			eginning of Current Year	
ets	20 To	tal assets (Part X, line 16)			3,692,767.	4,471,719.
10		tal liabilities (Part X, line 26)			1,723,645.	1,212,938.
und		et assets or fund balances. Subtract line 21 from lin	e 20		1,969,122.	3,258,781.
Par		Signature Block				, ,
Unde	r penalti	es of perjury, I declare that I have examined this return,	including accompanying schedu	ules and statemen	ts, and to the best of my	/ knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer)	s based on all information of whi	ch preparer has ar	ny knowledge.	
	_ 1					
Sign	ı	Signature of officer			Date	
Here	• ₁	JOHN HOPPER	PRESID	ENT		
		Type or print name and title				
	P	rint/Type preparer's name Prepare	r's signature	Date	Check if	PTIN
Paid		ARBARA TAIBI	Bauban Ta	11/15/2		P00179526
Prepa	arer 🔚	irm's name ►EISNERAMPER LLP	/	1	Firm's EIN ▶ 13-	
Use (irm's address >111 WOOD AVE SO STE 60	0 ISELIN, NJ 0883	0-2700		2-243-7000
May		S discuss this return with the preparer shown				. X Yes No
		ork Reduction Act Notice, see the separate instru				Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	6-Month Extension of Time. Only subr		` '					
-	ions required to file an income tax return oth		·	0-C filers), partnerships,	REN	∕IICs, ar	nd trusts	
must use F	orm 7004 to request an extension of time to	file income	tax returns.					
	In a second			Enter filer's identifyin	_			
Гуре or	Name of exempt organization or other filer, see	instructions.		Employer identification nu	number (EIN) or			
orint	THE EIDDOLAMELLAD CANCED FOLK			27 024102	11			
ile by the	THE FIBROLAMELLAR CANCER FOUR		atio a o	27-034102				
due date for	20 HORSENECK LANE, 2ND FLOOR	street, and room or suite no. If a P.O. box, see instructions. Social security numb			SN)			
iling your eturn. See	-	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
nstructions.	GREENWICH, CT 06830							
		GKEENWICH, CI U003U						
Enter the R	eturn Code for the return that this applicatio	n is for (file	a separate application for	or each return)			0 1	
Application Return Application							Return	
s For		Code	Is For				Code	
orm 990 c	or Form 990-EZ	01	Form 990-T (corporate	tion)			07	
orm 990-E	BL	02	Form 1041-A	,			08	
orm 4720	form 4720 (individual) 03 Form 4720 (other than individual)					09		
orm 990-P	orm 990-PF 04 Form 5227					10		
orm 990-T	(sec. 401(a) or 408(a) trust)	05	05 Form 6069				11	
Form 990-T (trust other than above) 06 Form 8870						12		
If the org If this is for the who a list with the	ne No.	f business ir our digit Gro If it is for pasion is for. untils for the org	oup Exemption Number of the group, check the group, check the group, check the group, check the group of the	this box	org	If this and atta anizatio	s is ach	
3a If this nonrel If this estima c Balance (Elect	tax year entered in line 1 is for less than 12 in Change in accounting period application is for Forms 990-BL, 990-PF, fundable credits. See instructions. It is application is for Forms 990-PF, 990-Teated tax payments made. Include any prior year to be subtract line 3b from line 3a. Include ronic Federal Tax Payment System). See instructions.	990-T, 4720 T, 4720, o par overpaym e your paym ructions.	o, or 6069, enter the r 6069, enter any renent allowed as a credit ent with this form, if re	tentative tax, less any efundable credits and t. equired, by using EFTPS	3a 3b	\$ \$	0.	
Caution. If yo	ou are going to make an electronic funds withdraw	al (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	887	9-EO for	r payment	
nstructions.								
or Privacy	Act and Paperwork Reduction Act Notice, see ins	tructions.			Form	8868	(Rev. 1-2017)	

Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 528,034. including grants of \$ 405,000.) (Revenue \$ SEE SCHEDULE O.) (Revenue \$ 4b (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ►

JSA
7E1020 1.000

528,034.

Form **990** (2017)

Form 990 (2017) Page **3**

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	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? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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 management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			3.7
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
_1	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza		12a	Х	
h	Schedule D, Parts XI and XII	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 12		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х

Page 4 Form 990 (2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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,			3.7
	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
20	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jour		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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 (2017) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 10 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a Ō. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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 Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 9 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a 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 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

JSA 7E1040 1.000

14a Did the organization receive any payments for indoor tanning services during the tax year?
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х

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

Sect	ion 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 1a 12			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	37	
	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			3.7
	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	77	<u> </u>
6	Did the organization have members or stockholders?	6	X	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<b></b> .		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
JCCL	on b. I dides (This occuon b requests information about policies not required by the internal Nevende	Oode	·/ Yes	No
10-	Did the experiention have lead chanters branches as affiliates?	10a		X
	Did the organization have local chapters, branches, or affiliates?	·ou		
b	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		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b				
-	rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of interest of the conflict of	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name address, and telephone number of the person who possesses the organization's books and record	C · 🕨		

the name, address, and telephone number of JOHN HOPPER 12 SALEM STREET COS COB, CT 06827 JSA 7E1042 1.000 Form **990** (2017)

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

#### 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.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization				
	below dotted line)	al trustee or	Institutional trustee		loyee	Highest compensated employee				and related organizations
(1)MARNA O. DAVIS	25.00									
CHAIRWOMAN, PRESIDENT	0.	Х		Х				0.	0.	0.
(2)CHARLES W. BEERMANN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(3)DEREK GILCHRIST	2.00									
DIRECTOR, SECRETARY	0.	Х		Х				0.	0.	0.
(4)ALISHA STERNENBERGER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)ANNE ADLER	25.00									
DIRECTOR	0.	X						0.	0.	0.
(6)JOHN CRAIG	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)TAL FRIEDMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)JOHN HOPPER	40.00									
PRESIDENT	0.	X		X				170,000.	0.	19,601.
(9)CHARLES A DAVIS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)DAVID J WERMUTH	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)LESLIE GRAVES	1.00									
TREASURER	0.	X		Х				0.	0.	0.
(12)CRAIG MARTIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13)		-								
(14)				$\vdash$						
<u>(14)</u>		4								

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	1990 (2017)	1/-		1.				111	h 1 <b>0</b> 1	- d <b>F</b> d	Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	ipic			and F	ııgı			· · · · · · · · · · · · · · · · · · ·
	<b>(A)</b> Name and title	(B) Average				C) sition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	. value and the	hours per			heck	more	than o		compensation	compensation from	amount of
		week (list any hours for					is both or/trust		from the	related organizations	other compensation
		related	Ind or o		Officer				organization	(W-2/1099-MISC)	from the
		organizations below dotted	ividu	tituti	icer	em _l	hest ploye	Former	(W-2/1099-MISC)		organization and related
		line)	al tru	onal		Key employee	com				organizations
			Individual trustee or director	Institutional trustee		ě	pens				
				ee			Highest compensated employee				
	Sub-total							_	170,000.	0.	19,601.
c	Total from continuation sheets to Part VII, S	ection A						•	0.	0.	0.
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>		· ·	· ·		<b>&gt;</b>	170,000.	0.	19,601.
2	Total number of individuals (including but not				d al	bove	e) who	re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n <b>▶</b>	1	_							
	Did the considering for the control of the control	Passata							lanca a managaran		Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4											
4	For any individual listed on line 1a, is the sorganization and related organizations greater										
	individual										4 X
5	Did any person listed on line 1a receive or										
C-	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5 X
	ction B. Independent Contractors  Complete this table for your five highest com	nensated i	ndena	ndo	nt ·	COnf	racto	re f	hat received more	than \$100 000 o	 f
•	compensation from the organization. Report c										
	year.	-					-		-	-	

(A) Name and business address	(B) Description of services	(C) Compensation

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.

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	t VIII	· ·	oto to an	wline in this Part V	/III		
		Check if Schedule O contains a response of r	lote to an	(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 c d e f	Related organizations		1,609,707.			
Program Service Revenue	2a b c d e f	All other program service revenue	ess Code				
<u> </u>	3 4 5	and other similar amounts). ATTACHMENT 1 Income from investment of tax-exempt bond procee Royalties	nterest,  ds	2,658. 0.			2,658.
	6a b c d 7a	assets other than inventory  Less: cost or other basis	Other	0.			
enne	c d 8a	and sales expenses		6,099.			6,099.
Other Revenue	b c	of contributions reported on line 1c).  See Part IV, line 18	117,360. 129,578. I 3 ▶	-12,218.			-12,218.
	9a b	Gross income from gaming activities.  See Part IV, line 19					

e Total. Add lines 11a-11d JSA 7E1051 1.000

11a

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c Net income or (loss) from gaming activities._...▶

c Net income or (loss) from sales of inventory.

Total revenue. See instructions.

**Business Code** 

1,606,246.

10a Gross sales of inventory, less

d All other revenue

returns and allowances . . . . . . . a b Less: cost of goods sold . . . . . . . . . b

Miscellaneous Revenue

-3,461.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	405,000.	405,000.		
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	170,000.		170,000.	
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	27,737.	5,456.	22,281.	
	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)	5,100.		5,100.	
9	Other employee benefits	14,501.		14,501.	
10	Payroll taxes	13,313.	748.	12,565.	
11	Fees for services (non-employees):				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	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.)	37,400.	20,900.	16,500.	
12	Advertising and promotion	12,868.			12,868.
13	Office expenses	2,637.		2,637.	
14	Information technology	0.			
15	Royalties	0.			
	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	Ţ.			
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.)				
а	EVENTS	56,683.	56,683.		
-	MISC EXPENSES	12,805.		12,805.	
~	TRAVEL AND ENTERTAINMENT	2,180.		2,180.	
d	WEBSITE	1,800.		1,800.	
e	All other expenses	39,247.	39,247.		
	Total functional expenses. Add lines 1 through 24e	801,271.	528,034.	260,369.	12,868.
	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				
	following SOP 98-2 (ASC 958-720)	0.			

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#### Part X **Balance Sheet**

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	79,024.	1	5,135.
	2	Savings and temporary cash investments	1,449,170.	2	1,840,608.
	3	Pledges and grants receivable, net	76,500.	3	85,000.
	4	Accounts receivable, net	0.	4	1,750.
	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			
G		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
_	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11	2,088,073.	12	2,522,766.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	17	0.
	15	Other assets. See Part IV, line 11	0.		16,460.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,692,767.	16	4,471,719.
	17	Accounts payable and accrued expenses	23,831. 1,699,814.	17	1,140,675.
	18	Grants payable	1,099,814.	18 19	0.
	19	Deferred revenue	0.		0.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
w	22	Loans and other payables to current and former officers, directors,	<u> </u>	21	<u> </u>
Liabilities		trustees, key employees, highest compensated employees, and			
ē		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		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			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,723,645.	26	1,212,938.
es		Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	1,969,122.	27	3,258,781.
Bal	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.			
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	1,969,122.	33	3,258,781.
_	34	Total liabilities and net assets/fund balances	3,692,767.	34	4,471,719.
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					`	_	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		801,271.			
3	Revenue less expenses. Subtract line 2 from line 1	3			04,9 69,1		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	5 Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	00,0	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	1 Accounting method used to prepare the Form 990: CashX 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		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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 aud		- 1				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		۱ ۱	2c		X	
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in				
Ju	the Single Audit Act and OMB Circular A-133?	. 101111	' '''	3a		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_		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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

T.HF	FI	BROLAMELLAR CANCER	FOUNDATION				27-03410	21
Pai	τl	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	rt.) See instructions	i.
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
0		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from_co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt t	unctions - subject to (	certain e	xception	s, and (2) no more that s section 511 tax) from	N 331/3 %OF ITS
		acquired by the organizatio	n after June 30, 19	975. See <b>section 509</b>	(a)(2). (C	Complete	Part III.)	Dudinoudu
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized a	•	•				
		of one or more publicly su						
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization. <b>\</b>	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported
		_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}} $						lly integrated with,
		$_{_}$ its supported organization		•				
d					-			- : :
		that is not functionally inte	•	• •			•	d an attentiveness
		_ requirement (see instructi	•	•				
е		☐ Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	II, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
T		ter the number of supported	•					
g		ovide the following information			<i>6</i> -2		(.) (	(14) A
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
_								
Γota	ıl							

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	868,397.	1,163,124.	1,380,314.	1,529,179.	1,609,707.	6,550,721.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	868,397.	1,163,124.	1,380,314.	1,529,179.	1,609,707.	6,550,721.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4						1,377,547.
<u>6</u>	tion B. Total Support						5,173,174.
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 4	868,397.	1,163,124.	1,380,314.	1,529,179.	1,609,707.	6,550,721.
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	129.	3,125.	5,011.	4,700.	2,658.	15,623.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						6,566,344.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·	<u></u>				
	tion C. Computation of Public Supp				1		70 70
14	Public support percentage for 2017 (lir					14	78.78 <b>%</b> 74.14 <b>%</b>
15	Public support percentage from 2016						
16a	331/3% support test - 2017. If the org						
	box and <b>stop here.</b> The organization qu			_			
b	331/3% support test - 2016. If the org						
170	this box and stop here. The organization	-		_			
17a	a 10%-facts-and-circumstances test - 2017. 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			•	•	•	
h	10%-facts-and-circumstances test - 2						
Ŋ	15 is 10% or more, and if the organ	-					
	Explain in Part VI how the organization						-
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20.0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 1010.
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
<b>L</b>	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	-			•		
	organization, check this box and stop here						
	tion C. Computation of Public Sup		•	(0)		T T	
15	Public support percentage for 2017 (line 8,					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the org	-					
	17 is not more than $331/3\%$ , check th	is box and <b>sto</b>	<b>here.</b> The org	anization qualifie	s as a publicly	supported organ	ization . ►
b	331/3% support tests - 2016. If the orga	inization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than $331/3\%$ , check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔣
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19b	o, check this bo	ox and see instr	ructions >

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

- 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 l class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(I purposes.
- 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 El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef 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 section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			- 0
ıaıı	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	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 <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
ocotii	on b. Type I dapporting digunizations		Yes	No
			103	110
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 <b>Part VI</b> 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		•		
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</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	7. 1. 9 9		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	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? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(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
		(A) FIIOI Teal	(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>b</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-functionall	y integra	ited Type III supporting	g organization (see
instructions).			• •

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets	··· · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** 

THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (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**  $\lfloor X \rfloor$  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number 27-0341021

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	DAVIS FOUNDATION  17 FIELD POINT DRIVE	\$340,000.	Person Payroll Noncash (Complete Part II for	
	GREENWICH, CT 06830		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	ALEXANDRIA BANCORP LTD  802 WEST BAY RD	\$50,000.	Person Payroll Noncash  (Complete Part II for	
	GRAND CAYMAN CAYMAN ISLANDS KY1-1105		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	FRIEDMAN FAMILY FOUNDATION  1 BEEKMAN PLACE  NEW YORK, NY 10022	\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	JOHN H. MITCHELL, MD  2933 GOLFSIDE DRIVE  NAPLES, FL 34110	\$177,586.	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.)	

Name of organization THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number 27-0341021

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SECURITIES		
4			
		\$	08/31/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)		Page <b>4</b>				
Name of o	organization THE FIBROLAMELLAR CANCER	FOUNDATION	Employer identification number 27-0341021				
Part III	(10) that total more than \$1,000 for th	e year from any one cont ns completing Part III, enter year. (Enter this information	ributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

THE	FIBROLAMELLAR CANCER FOUNDATION	27-0341021
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? $\ \ .$	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
_	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of a historically important land area
		of a certified historic structure
	Preservation of open space	or a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	- 1 1 1 1
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
_	Assessed of the second discount of the second control of the secon	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
8	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h)//)/P)/i)
0	·	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and	l expense statement and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, educ	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cation, or research in furtherance of cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	<u> </u>
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1	o. ▶ ¢
a b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **2** 

Par	t III Organizations Maintainir	ng Collection	ns of	Art, His	torical T	reasur	es, c	or Oth	ner Similar A	Asset	s (conti	nued)	_
3	Using the organization's acquisition	n, accession,	and o	ther reco	ds, checl	k any d	of the	follow	ing that are a	a sign	ificant us	se of it	S
	collection items (check all that app	ly):			_								
а	Public exhibition			d		or excha							
b	Scholarly research			е	Other								_
С													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part												
	XIII.												
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar												
	assets to be sold to raise funds rath			ined as pa	rt of the	organiz	ation's	s colle	ction?		Yes	N	lo
Par	art IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1 a	Is the organization an agent, truste									_	_		
	included on Form 990, Part X?									L	Yes	N	0
b	If "Yes," explain the arrangement i	n Part XIII and	d comp	lete the fo	llowing tal	ole:							
									Amo	unt			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an am									_	Yes	U N	lo
	If "Yes," explain the arrangement i	n Part XIII. Ch	eck he	re if the e	xplanation	has be	en pro	ovided	on Part XIII			i	_
Par			-1 (()/	" <b>-</b>	- 000 D		! <b>.</b>	^					
	Complete if the organizat										–		_
		(a) Current y	ear	(b) Prid	or year	(c) Tw	o years	s back	(d) Three years	back	(e) Four y	ears back	K
1 a	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				e (line 1g,	column	า (a)) h	neld as	:				
а	Board designated or quasi-endown			_%									
	Permanent endowment	%	0/										
С	Temporarily restricted endowment		%	000/									
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in				stion that	ara hal	ط مہا		siotorod for the				
зa		the possessic	m or th	e organiza	ation that	are nei	a ana	admir	iisterea for the		V	es No	_
	organization by: (i) unrelated organizations										3a(i)	C3 N	_
	(ii) related organizations										3a(ii)		—
b	If "Yes" on line 3a(ii), are the relate										3b		—
4	Describe in Part XIII the intended u	Ū		•							0.5		—
Par													—
ı aı	Complete if the organiza	tion answere	d "Yes	s" on For	m 990, F	art IV,	line 1	11a. S	ee Form 990	, Par	t X, line	10.	
	Description of property	(a)	Cost or of	other basis	<b>(b)</b> Cost (	or other ba	asis		cumulated eciation	(d	<b>)</b> Book valu	е	
1a	Land		\		,	,		зорі					_
b	Buildings												—
С	Leasehold improvements												_
d	Equipment												_
е	Other												_
Tota	I. Add lines 1a through 1e. (Column		al Form	n 990, Part	X, colum	n (B), lir	ne 10c	c.)					_

Schedule D (Form 990) 2017 Page 3

Part VII	Investments - Other Securities.	=		_
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
(3) Other	, ,			
	ESTMENTS	2,522,766.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				_
(H)				_
	n (b) must equal Form 990, Part X, col. (B) line 12.)	2,522,766.		
Part VIII			), Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation:	_
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)				_
(2)				_
(3)				_
(4)				
				_
(5)				_
(6)				
(7)				_
(8)				_
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Partix		l "Ves" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.	
		scription	(b) Book value	
(1)	(a) De	SCHPHOH	(b) Book value	
(1)				
(2)				
(3)				_
(4)				_
(5)				_
(6)				
<u>(7)</u>				
(8)				
(9)	war (h) maret a mari Farma 2000 Bart V and (B) I	in = 45 \		
Part X	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25.		), Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book valu	le	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
i otal. (Colull	iiii (b) iiiust equal i olili 990, Falt A, COI. (D) iiile 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

Schedule D (Form 990) 2017 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,954,358.
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	348,112.
3	Subtract line 2e from line 1	3	1,606,246.
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.)		
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	1,606,246.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	664,699.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	163,428.
3	Subtract line 2e from line 1	3	501,271.
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.)		
С	Add lines 4a and 4b	4c	300,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	801,271.
	XIII Supplemental Information.	1 / 1	inn 4. Dowl V. line
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2017 JSA

#### Part XIII Supplemental Information (continued)

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

THE INTERNAL REVENUE SERVICE ("IRS") HAS DETERMINED THAT THE FOUNDATION

QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE ("IRC") AND IS EXEMPT FROM TAX ON RELATED INCOME

PURSUANT TO SECTION 501(A) OF THE IRC. THE FOUNDATION IS CLASSIFIED AS A

PUBLIC CHARITY. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT HAS

ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED AS

OF DECEMBER 31,2017, 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, 2017.

PART XI LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES

129,578

PART XII LINE 2D:

GOLF TOURNAMENT DIRECT EXPENSES:

129,578

PART XIII, LINE 4B

REFUND & WRITE-OFF OF GRANTS:

\$300,000

Schedule D (Form 990) 2017

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Inspection

	of the organization		-			Employer identification	on number				
THE	FIBROLAMELLAR CANCER FOUN	IDATION				27-0341021					
Par					l "Yes" on Form	990, Part IV, line	17.				
	Form 990-EZ filers are no				activities Charle	all that annly					
1 a	Indicate whether the organization ra	aisea runas through e			activities. Check a non-government (						
		f			•	•					
	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
d		9			g 0.00						
2 a	Did the organization have a written or key employees listed in Form 99						Yes No				
b	If "Yes," list the 10 highest paid incompensated at least \$5,000 by the	dividuals or entities organization.	(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be				
	(i) Name and address of individual or entity (fundraiser)	(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											
Tota 3		ation is registered of			contributions or	has been notified	it is exempt from				
	registration of licensing.										

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 GOLF TOURNAMENT	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	822,950.			822,950
Ω.		Less: Contributions	705,590.			705,590.
	3	Gross income (line 1 minus line 2).	117,360.			117,360.
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	120,985.			120,985.
ot Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	8,593.			8,593.
	10	Direct expense summary. Add lines 4	through 9 in column (d)			129,578.
	11	Net income summary. Subtract line 1	0 from line 3, column (d	)	<u> ▶     </u>	-12,218.
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" on Form 990, Par	t IV, line 19, or repo	orted more
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				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	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)	<b>.</b>	
9 a b	Is	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming I "Yes," explain:	licenses revoked, suspe	nded, or terminated durin	ng the tax year?	. Yes No

Sched	ule G (Form 990 or 990-EZ) 2017 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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2017

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

► Attach to Form 990.

Ope

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

THE FIBROLAMELLAR CANCER FOUNDATION	N					27-034102	1
Part I General Information on Grants an	d Assistanc	е				·	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DUKE UNIVERSITY MEDICAL CENTER							
905 LASALLE ST SUITE 1073 DURHAM, NC 27710	56-0532129	501(C)(3)	125,000.				SCIENTIFIC RESEARCH
(2) UNIVERSITY OF WASHINGTON							
4300 ROOSEVELT WAY NE SUITE 300	91-6001537	501(C)(3)	180,000.				SCIENTIFIC RESEARCH
(3) CORNELL UNIVERSITY							
COLLEGE OF VETERINARY MEDICINE	15-0532082	501(C)(3)	100,000.				SCIENTIFIC RESEARCH
_(4)							
(5)							
_(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government	u organizations lis	sted in the line 1 tal	ble			3.
3 Enter total number of other organizations lis	•	•					
For Paperwork Reduction Act Notice, see the Instruc							edule I (Form 990) (2017)

THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021

Schedule I (Form 990) (2017)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number

27-0341021

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Many of the house of the Asian should be all the consideration follows as all the considerations of			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		Х
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOHN HOPPER	(i)	145,000.	25,000.	0.	5,100.	14,501.	189,601.	0.
1PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021

Schedule J (Form 990) 2017

#### Part III Supplemental Information

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

SCHEDULE J PART II LINE 1(D)

THE NONTAXABLE BENEFITS INCLUDE MEDICAL AND DENTAL BENEFITS

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number 27-0341021

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1.	177,586.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()	1 1						
29	Number of Forms 8283 received		=		29			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	ement	29		Yes	No
302	During the year did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	e 1 through		163	140
Jua	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required							
	to be used for exempt purposes for	•			•	30a		Х
h			ording period:			Ju		
31	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any nonstandard							
٠.	_							Х
32a		ontributions?						
	contributions?	-	=	•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part II.		( ) ()   ( )	(-)	· · ·			

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) Page **2** 

Part II Supplement

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

Schedule M (Form 990) (2017)

### 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.

OMB No. 1545-0047

20 17

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

27-0341021

THE FIBROLAMELLAR CANCER FOUNDATION

FORM 990, PART I, LINE 1:

FIBROLAMELLAR CANCER FOUNDATION, (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, (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 VI, SECTION A, LINES 6 AND 7A:

CHARLES DAVIS AND DAVID WERMUTH ARE MEMBERS WHO HAVE THE AUTHORITY TO

Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number

27-0341021

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 VI, LINE 2

THE DIRECTORS MARNA DAVIS AND CHARLES DAVIS ARE SPOUSES.

FORM 990, PART XI, LINE 9

REFUND AND WRITE-OFF OF GRANTS OF \$300,000.

Schedule O (Form 990 or 990-EZ) 2017				Page 2	
Name of the organization	Employer identification number				
THE FIBROLAMELLAR CANCER FOUNDATION			27-0341021		
			ATTACHMENT 1		
FORM 990, PART VIII - INVESTMENT INCOME	<u> </u>				
	(A)	(B)	(C)	(D)	
	TOTAL	RELATED OR	UNRELATED	EXCLUDED	
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE	
INTEREST INCOME	2,65	8.		2,658.	
T0777.0	0.650		_	0.650	
TOTALS	2,65	<u>8.</u>	=	2,658.	
			ATTACHMENT 2		
FORM 990, PART VIII - EXCLUDED CONTRIBU	JTIONS				
DEGGDIDETON	3.MOTTNIII				
DESCRIPTION	AMOUNT				
GOLF TOURNAMENT	705,590.				
TOTAL	705,590.				
			ATTACHMENT 3		
FORM 990, PART VIII - FUNDRAISING EVENT	rs		ATTACIMENT 5		
TOTAL 950 FIRST VIII TOMBISHEDING BYEN					
	GROSS	DIRECT		NET	
DESCRIPTION	INCOME	EXPENSE	ES	INCOME	
<del></del>					
GOLF TOURNAMENT	117,3	60. 12	9,578.	-12,218.	
TOTALS	117,3	60 12	9,578.	-12,218.	
= =	111,3			12,210.	