THE FIBROLAMELLAR CANCER FOUNDATION

2023

TAX RETURN

(CLIENT COPY)





Form	99)()
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EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
-			ar year, or tax year beginning and end	ding		
в	Check i applical	f C Name o	forganization		D Employer identific	ation number
	Addr		ETDDOLANELLAD GANGED BOUNDARTON			
	char Nam	e	FIBROLAMELLAR CANCER FOUNDATION		27-034102	01
	char Initia		usiness as	am (auita		
	retur Final	20 H	and street (or P.O. box if mail is not delivered to street address) Room	om/suite	E Telephone number 203-340-7	
	retur term ated	in-			G Gross receipts \$	3,221,231.
	Amended return GREENWICH, CT 06830			H(a) Is this a group re		
	Appl		nd address of principal officer: KURT LOSERT		for subordinates?	
	pend		ITE OAK ROAD, WELLESLEY, MA 02481		H(b) Are all subordinates ind	
Ι	Tax-e	xempt status:		527	If "No," attach a l	list. See instructions
	Webs		FIBROFOUNDATION.ORG		H(c) Group exemption	n number
				L Year o	f formation: 2009 M	I State of legal domicile: DE
Ρ	art I	Summary				
٩	, 1	Briefly describ	e the organization's mission or most significant activities: FIBROLA	AMELI	LAR CANCER	
Activities & Governance			ION, (THE "FOUNDATION") WAS ESTABLISH			
ü	2	Check this bo	5			
202	3		ting members of the governing body (Part VI, line 1a)			<u> 12</u> 10
å	3 4		dependent voting members of the governing body (Part VI, line 1b)			<u> </u>
ġ	5		of individuals employed in calendar year 2023 (Part V, line 2a)			50
tivit	6		of volunteers (estimate if necessary)			0.
0			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		6,073,580.	2,241,100.
	9		ce revenue (Part VIII, line 2g)		0.	0.
Ravanua	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		3,055.	719,035.
à	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,076,635.	2,960,135.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		1,423,547.	4,235,649.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ų	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		583,039.	751,053.
	2 16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)			400.000			
🛍 17 Оt		•	es (Part IX, column (A), lines 11a-11d, 11f-24e)		557,102.	498,338.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,563,688.	5,485,040.
	19	Revenue less	expenses. Subtract line 18 from line 12		3,512,947.	-2,524,905.
Net Assets or		-			inning of Current Year	End of Year
Sset	हुन्न 20	Total assets (I			10,981,422. 1,707,920.	10,499,605.
let A	1 21		; (Part X, line 26)		9,273,502.	<u>4,097,846.</u> 6,401,759.
		Net assets or	fund balances. Subtract line 21 from line 20		3,413,304.	0,401,/39.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date		
Here	KURT LOSERT, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	BARBARA TAIBI				if self-employed	P0017952	6
Preparer	Firm's name EISNER ADVISORY G	ROUP LLC			Firm's EIN 87-	1353108	
Use Only	Firm's address 111 WOOD AVENUE SC	OUTH					
	ISELIN, NJ 08830-2	2700			Phone no. 732 -	243-7000	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
I HA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	32001 12-21-23			Form 990	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
<u> Part I - Id</u>	dentification					
Type or	Name of exempt organization, employer, or other filer	, see instri	uctions.	Taxpayer identification number (TIN		
Print						
File by the	THE FIBROLAMELLAR CANCER FC	UNDAT	ION		27-034102	21
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 20 HORSENECK LANE, 2ND FLOC		ions.			
instructions.	City, town or post office, state, and ZIP code. For a for GREENWICH, CT 06830	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Applicati		Return Code	Application Is For			Return
Eorm 000	or Form 990 EZ	01	Form 4720 (other than individual)			09
) or Form 990-EZ	01	Form 4720 (other than individual)			
	20 (individual)		Form 5227			<u> </u>
Form 990		04	Form 6069 Form 8870			12
	D-T (sec. 401(a) or 408(a) trust)	05				
)-T (trust other than above)	06	Form 5330 (individual)			13
	D-T (corporation)	07 08	Form 5330 (other than individual)			14
Form 104						
•	ou enter your Return Code, complete either Part II or Part	t III. Part II	i, including signature, is applicable o	only for an e	extension of	
	e Form 5330. Andreastan is for an automaion of time to file Form 5000					
	pplication is for an extension of time to file Form 5330, y		Ŭ			
	n Name					
	n Number					
-	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi	inationa (a				
	poks are in the care of KURT LOSERT	izations (s				
The bo) – WE	LLESLEY, MA 02481			
Talanh	none No. 203-340-7800					
•			Fax No.			
	organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (-1
	Is for a Group Return, enter the organization's four-digit C					
box [quest an automatic 6-month extension of time until					
				e the exem	pt organization ret	urn for
	organization named above. The extension is for the orga	anization's	return for:			
<u>A</u>	calendar year 20 23 or					~
	tax year beginning	, 20	, and ending		,2	0
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final returr	n	
	Change in accounting period					
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
esti	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	Зb	\$	0.
c Bal	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.

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

	THE FIBROLAMELLAR CANCER FOUNDATION	27-0341021	Page 2
			X
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🕰
1	Briefly describe the organization's mission: FIBROLAMELLAR CANCER FOUNDATION, (THE "FOUNDATION") WAS E		h
	RAISE AWARENESS AND RESEARCH FUNDS FOR FIBROLAMELLAR CAR		
	FORM OF LIVER CANCER THAT IS PRIMARILY SEEN IN TEENS AND	-	
	CURRENTLY, THERE ARE NO VIABLE TREATMENT OPTIONS OTHER T		5.
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?		
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
	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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, an	ld
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,033,613. including grants of \$ 4,235,649.) (Reven		
4a	(Code:) (Expenses \$ 5,033,613. including grants of \$ 4,235,649.) (Reven GRANTS TO RESEARCH ORGANIZATIONS FOR FIBROLAMELLAR CARCI)
	GRANIS IO RESEARCH ORGANIZATIONS FOR FIBROLAMELLAR CARCI	NOMA SIUDIES	•
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,033,613.		
		Form 9	90 (2023)
332002	2 12-21-23		
	3		

Form 990 (2			FIBROLAMELLAR	CANCER	FOUNDATION
Part IV	Checklist of R	equire	d 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	Х	
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			37
_	similar amounts as defined in Rev. Proc. 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			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V			21
	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
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	X	
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	X	
332003	12-21-23	Form	220 ((2023)

332003 12-21-23

13571114 721252 1008203-1094710

2023.05000 THE FIBROLAMELLAR CANCER 10082031

Form 990 (2023)		FIBROLAMELLAR		FOUNDATION
Part IV Check	dist of Require	d Schedules (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	<u> </u>
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 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
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	0.51		- v
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Vec	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable [1a] 6		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
332004	4 12-21-23			(2023)
	-			,

2023.05000 THE FIBROLAMELLAR CANCER 10082031

Form	990 (2023) THE FIBROLAMELLAR CANCER FOUNDATION	27-0341	021	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	Х	<u> </u>
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Ac	counts (FBAR).			
			<u>5</u> a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	X	├──
			7b	Х	├──
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		├──
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
-			8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
			9b		
10	Section 501(c)(7) organizations. Enter:	10			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
	organization is licensed to issue qualified health plans		-		
	Enter the amount of reserves on hand	13c	140		x
14a	o o o o o o o o o o	~	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> is the organization subject to the section 4060 tax on payment(c) of more than \$1,000,000 in remunor		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act		4-		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		Г	900	(2023)
332005	12-21-23		LOUL	550	(2023)

Form 990 (2023)	Form	990	(2023)
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THE FIBROLAMELLAR CANCER FOUNDATION

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			1 2		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 on Schedule O.		1.0					
b	Enter the number of voting members included on line 1a, above, who are independent		10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other						
	officer, director, trustee, or key employee?		····· -	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisio	on					
	of officers, directors, 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 9			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or						
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, or						
	persons other than the governing body?			7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		Γ					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		F					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wanua Cada)	·····	•				
		venue Coue.j			Yes	No		
102	Did the organization have local chapters, branches, or affiliates?		Г	10a	103	X		
			·····	104				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104				
44-		, boforo filina tha	F	10b	X			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filling the		11a	<u>_</u>			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		····· -	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,						
	on Schedule O how this was done		·····	12c	X			
13	Did the organization have a written whistleblower policy?		····· -	13	X			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent 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 evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?			16b				
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section	501(c)(3)s	onlv) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.			,,,				
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	olicy and	inang	ial			
	statements available to the public during the tax year.		oncy, and	n iel iC	nai			
20		ke and records						
20	State the name, address, and telephone number of the person who possesses the organization's books and records KURT LOSERT – 203-340-7800							
	14 WHITE OAK ROAD, WELLESLEY, MA 02481							

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat	ted
	Em	ployees, an	d Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KURT LOSERT	40.00		_	0	-		-			
CEO		х		х				273,188.	0.	6,793.
(2) DR. MARK FURTH	40.00									
SCIENTIFIC DIRECTOR						X		159,650.	0.	6,777.
(3) JOHN HOPPER	1.00									
DIRECTOR(RETIRED 05/23)							Х	88,718.	0.	3,711.
(4) MARNA O. DAVIS	25.00									
CO-CHAIRPERSON		Х		Х				0.	0.	0.
(5) CHARLES W. BEERMANN	1.00									_
DIRECTOR		х						0.	0.	0.
(6) DEREK GILCHRIST	2.00									
DIRECTOR, SECRETARY		Х		Х				0.	0.	0.
(7) ANNE ADLER	25.00									
DIRECTOR		Х						0.	0.	0.
(8) JOHN CRAIG	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TAL FRIEDMAN	1.00								•	
DIRECTOR	1	Х						0.	0.	0.
(10) CHARLES A DAVIS	1.00								•	
CO-CHAIRPERSON	1	Х		X				0.	0.	0.
(11) LESLIE GRAVES	1.00								•	
TREASURER	1 00	Х		X				0.	0.	0.
(12) CRAIG MARTIN	1.00								•	•
DIRECTOR	1 0 0	X			<u> </u>			0.	0.	0.
(13) DAVID WERMUTH	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(14) GUY LEVY	1.00	v						0	0	0
DIRECTOR		Х						0.	0.	0.
		-								
		-			-					
		1								
		-		-						
		1								
	I	L		L	L	I	I	I		– 000 (2000)

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332007 12-21-23

Form 990 (2023)

	<u>990 (2023)</u> THE FIBRO	DLAMELLA	R	CA	NC	ER	F	ΟŪ	INDATION	27-03	341	021	F	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average			Posi	tion			Reportable	Reportable		Fs	timat	ed
		hours per		not ch unles					compensation	compensatio			nount	
		week		cer and					from	from related			other	-
		(list any	ctor						the	organization	s	com	pensa	ation
		hours for	ndividual trustee or director				eq		organization	(W-2/1099-MIS	SC/	fr	om th	ne
		related	tee or	nstitutional trustee			ensati		(W-2/1099-MISC/	1099-NEC)		org	aniza	tion
		organizations	trus	lal tru		yee	om pe		1099-NEC)			and	d rela	ted
		below	idual	utior	ы	mpla	est ci oyee	er				orga	anizat	ions
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
						_								
					_									
1b	Subtotal	•							521,556.		0.	1	7.2	81.
	Total from continuation sheets to Part VI								0.		0.		· / -	0.
									521,556.		0.	1	7 2	81.
	Total (add lines 1b and 1c)								-				1,4	01.
2	Total number of individuals (including but n	ot limited to th	ose	listec	ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			~
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey er	mplo	oyee	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3	Х	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a											-		
J												5		x
See	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	<u> </u>	or su	cn p	berse	on .					5		
	· · · · · · · · · · · · · · · · · · ·													
1	Complete this table for your five highest con										pensat	tion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	nding	g wi	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)		_	(C		
	Name and business	address	NC) NE					Description of s	ervices	C	ompe	nsatio	ึ่งท
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	hos	se lis	ted	above) who received mo	ore than				
						0								
	\$100,000 of compensation from the organiz													

332008 12-21-23

					ME	LLAR CANC	CER FOUNDA	FION	27-0341	021 Page 9
Pa	rt \	/111	Statement of Rev	enue						
			Check if Schedule O co	ontains a respor	nse o	or note to any line		(5)	(0)	(5)
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
°, G G		с	Fundraising events	1c		999,714.				
ar /		d	Related organizations	1d						
is, o			Government grants (contrib							
er S S		f	All other contributions, gifts, g							
-ie			similar amounts not included a			241,386.				
ont		g	Noncash contributions included in lin			13,453.	2,241,100.			
U a		n	Total. Add lines 1a-1f			Business Code	2,241,100.			
						Busiliess Code				
vice	2	a b			_					
Ser		c								
		d								
Program Service Revenue		е			_					
ď		f	All other program service re	evenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includin				100 665			100 665
						138,665.			138,665.	
	4		Income from investment of	-	-					
	5		Royalties	(i) Real		(ii) Personal				
	6		Grace repte	6a		(II) Feisonai				
	0	a b								
		b Less: rental expenses 6b c Rental income or (loss) 6c								
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Securiti		(ii) Other				
			assets other than inventory	7a 580,37	0.					
		b	Less: cost or other basis							
anı					0.					
enue			•	7c 580,37						
å			Net gain or (loss)		·····		580,370.			580,370.
Other	8	а	Gross income from fundraising	• •						
0			including \$ 999							
			contributions reported on li Part IV, line 18	-	82	261,096.				
		b	Less: direct expenses			261,096.				
			Net income or (loss) from fu				0.			
	9		Gross income from gaming							
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from g	-	· <u> </u>					
	10	а	Gross sales of inventory, les							
			and allowances		10a					
			Less: cost of goods sold		10b					
	-	с	Net income or (loss) from sa	ales of inventor	у	Business Code				
sn	11	а				Success Oue				
neo	1.,	a b			_					
ella		c			_					
Miscellaneous Revenue		-	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				2,960,135.	0.	0.	
33200	9 12	2-21-								Form 990 (2023)

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THE FIBROLAMELLAR CANCER FOUNDATION 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).

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		U	npiele column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,078,149.	4,078,149.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	157,500.	157,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	273,188.		273,188.	
6	Compensation not included above to disqualified	2/0/2000			
U	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	364,973.	355,548.	9,425.	
7	Other salaries and wages	JU4,J/J.	.040.	J,44J•	
8	Pension plan accruals and contributions (include	15 077	0 770		
-	section 401(k) and 403(b) employer contributions)	15,977. 49,118.	8,770. 9,169.	1,401.	
9	Other employee benefits	49,118. A7 707	9,109.	7,207. 39,949. 19,417.	
10	Payroll taxes	47,797.	28,380.	19,417.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	158,895.	131,144.	27,751.	
12	Advertising and promotion	14,012.			14,012.
13	Office expenses	4,997.		4,997.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,009.		6,009.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
21	Depreciation, depletion, and amortization	653.		653.	
22	. [14,440.		14,440.	
23 24	Other expenses. Itemize expenses not covered	11/1100		11/1100	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A).				
-	amount, list line 24e expenses on Schedule 0.)	191,286.	191,286.		
a ⊾	RESEARCH	62,151.	62,151.		
b			11,516.	25 001	
С	MISC EXPENSES	37,500.	.010,11	25,984.	
d	WEBSITE	8,395.		8,395.	
	All other expenses		E 022 C12	A 2 7 A 1 F	1 / 010
25	Total functional expenses. Add lines 1 through 24e	5,485,040.	5,033,613.	437,415.	14,012.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form 990 (2023

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Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

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		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			4,930,500.	2	7,851,796.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			80,900.	4	25,000.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	B			0.	9	15,456.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>3,917.</u> 3,917.			
	b	Less: accumulated depreciation	10b	3,917.	653.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		5,969,369.	12	2,607,353.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	10,981,422.	16	10,499,605.		
	17	Accounts payable and accrued expenses		148,677.	17	298,384.	
	18	Grants payable		1,559,243.	18	3,799,462.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
s	22	Loans and other payables to any current or forr	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se pers	ons		22	
Ë	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,707,920.	26	4,097,846.
		Organizations that follow FASB ASC 958, cho	eck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			9,273,502.	27	6,401,759.
Ba	28	Net assets with donor restrictions				28	0.
pu		Organizations that do not follow FASB ASC 9	958, che	ck here			
Ľ.		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated ir	ncome, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,273,502.	32	6,401,759.
	33	Total liabilities and net assets/fund balances			10,981,422.	33	10,499,605.

Form 990 (2023)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 9, 273, 502. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9, 273, 502. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the Form 990: Cash<	Form	990 (2023) THE FIBROLAMELLAR CANCER FOUNDATION	27-	0341021	Pag	_{ge} 12					
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review, or compilation of its financial statements and selection of an independent accountant?		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 oversight of the	audit,								
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L					
in the organization changed either its oversight process or selection process during the tax year, explain on schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b										
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits									

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organization

Nam	me of the organization Employer identification number												
				LAR CANCER FO					7-0341021				
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)							
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3 [A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).						
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5 [An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Parl	: II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or				
,		university:											
10		An organization that norma											
		activities related to its exem		•	.,				0				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.				
r		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	-	•	•								
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section {	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	supporting organization	and com	olete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must o	-										
b		Type II. A supporting org	-				-		•				
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported				
		organization(s). You mus	-										
с		Type III functionally inte						ly integrate	ed with,				
		its supported organization		-									
d		Type III non-functionally						-					
		that is not functionally int			•			an attentiv	/eness				
		requirement (see instructi		-									
е		Check this box if the orga					Type I, Type	II, Type III					
	- .	functionally integrated, or	·			ation.			[]				
		r the number of supported o	•	d organization(a)									
g		vide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization (described on lines 1-10 in your governing document? support (see instructions) support							support (see instructions)				
	above (see instructions)) Yes No												
Total													

Schedule A (Form 990) 2023 THE FIBI Part II Support Schedule for Organizat

THE FIBROLAMELLAR CANCER FOUNDATION

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.)

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1802375.	1838453.	4039921.	6073580.	2241100.	15995429.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1802375.	1838453.	4039921.	6073580.	2241100.	15995429.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6929918.
	Public support. Subtract line 5 from line 4.						9065511.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1802375.	1838453.	4039921.	6073580.	2241100.	15995429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,185.	2,942.	3,726.	3,055.	138,665.	151,573.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16147002.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2023 (I					14	56.14 %
15	Public support percentage from 2022					15	54.94 %
16a	a 33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	zation
-	meets the facts-and-circumstances te	•	•		•		
k	0 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						[]
	organization meets the facts-and-circl						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16a	a, 100, 17a, or 17b	o, check this dox al		
						Scriedule A	(Form 990) 2023

332022 12-21-23

Schedule A	(Form 990)	2023	THE	FIBROLAMELLAR	CANCER	FOUNDATION	
Part III	Support	Schedule for	r Orga	nizations Described	in Section	509(a)(2)	

,	•		
(Complete only if yo	ou checked the box on line 10	of Part I or if the organization failed to qualify under Part II. If the organization fails t	0

qualify under the tests listed below, please complete Part II.) Section A. Public Support

000	blion A. I upilo ouppoit						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
-	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(f) Total
		(a) 2019	(0) 2020	(0) 2021	(u) 2022	(e) 2023	
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					_	
k	 Unrelated business taxable income 						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	rst second third	fourth or fifth tax	vear as a section		ization
•••	•	•			•		·
Se	check this box and stop here	ic Support Per	centage			<u></u>	·····
				column (f))		15	0/
15	Public support percentage for 2023 (I		•				<u>%</u>
<u>16</u>	Public support percentage from 2022 ction D. Computation of Invest					16	%
	•						
17	Investment income percentage for 20						%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2022. If the	organization did n	ot check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	
3320	23 12-21-23					Sched	lule A (Form 990) 2023
			16	5			-

2023.05000 THE FIBROLAMELLAR CANCER 10082031

2

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

17

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021 Page 5 Part IV Supporting Organizations (continued) Vac. No.

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

Section B. Type I Supporting Organizations

1

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

Section D.	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b	The	organization	is the parent	of each of its	s supported	organizations.	Complete line 3 be	elow.
---	-----	--------------	---------------	----------------	-------------	----------------	--------------------	-------

c 🗋	The organization supported a	a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction	s).
-----	------------------------------	------------------------	-------------------------	-----------------	---------------------	------------------	-----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

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

Yes No
Yes No
Yes
No

...

1

...

332025 12-21-23

Schedule A (Form 990) 2023

 $13571114 \ \ 721252 \ \ 1008203 - 1094710$

2023.05000 THE FIBROLAMELLAR CANCER 10082031

_	dule A (Form 990) 2023 THE FIBROLAMELLAR CANCER			27-0341021 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting c	organization (see

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

THE FIBROLAMELLAR CANCER FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
-					

Schedule A (Form 990) 2023

332027 12-21-23

chedule A (Form 990) 2023		FIBROLAM					27-03410	21 Page
	Part IV, Section A,	lines 1, 2, 3b, 3c tion D, lines 2 an	, 4b, 4c, 5a, 6, 9a d 3; Part IV, Sect	a, 9b, 9c, 11 ion E, lines 1	a, 11b, and 1 Ic, 2a, 2b, 3a	11c; Part IV, S a, and 3b; Pai	Section B, line t V, line 1; Pai	or 17b; Part III, line 1 s 1 and 2; Part IV, Se rt V, Section B, line 1 tional information.	ction C,
	(See instructions.)	· ·	, ,	, ,			,		
2028 12-21-23				2	_			Schedule A (Fo	orm 990) 20

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

27-0341021

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALEXANDRIA BANCORP LTD	415,000.	92,060.
CHAN ZUCKERBERG INITIATIVE SILICON VALLY COMMUNITY FOUNDATION	615,000.	292,060.
DAVIS FOUNDATION	1,827,500.	1,504,560.
JORDAN CLARK	4,524,658.	4,201,718.
DAVID BAKER	914,600.	591,660.
JOSHUA MUDD	570,800.	247,860.
Total Excess Contributions to Schedule A, Part II, Line 5		6,929,918.

323451 12-26-23

LHA

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2023

Employer identification number

27-0341021

ganization is covered by the	General Rule or a Special Rule.

Section:

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

Check if your or

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

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

(Form 990)

Department of the Treasury Internal Revenue Service

Filers of:

Name of the organization

Schedule B

Organization type (check one):

X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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

THE FIBROLAMELLAR CANCER FOUNDATION

17 FIELD POINT DRIVE	\$ 370,000.	Noncash
GREENWICH, CT 06830		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ALEXANDRIA BANCORP LTD		Person X Payroll
802 WEST BAY RD	\$ 65,000.	Noncash
GRAND CAYMAN, CAYMAN ISLANDS KY1-1105		(Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
THE SEXTON FAMILY FOUNDATION 410 COCONUT PALM RD	\$ 50,000.	Person X Payroll Noncash
VERO BEACH, FL 32963	·	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
THE FRIEDMAN FAMILY FOUNDATION		Person X Payroll
ONE BEEKMAN PLACE	\$ 50,000.	Noncash
NEW YORK, NY 10022		(Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
CRESSET ADMIN SERVICES CORP	\$ 50,000.	Person X Payroll Noncash
444 W. DAKE SIKEEI, SUIIE 4700	\$50,000.	(Complete Part II for
CHICAGO, IL 60606		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE FIBROLAMELLAR CANCER FOUNDATION

DAVIS FOUNDATION

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

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

(a)

No.

2

(a) No.

3

(a)

No.

(a) No.

5

(a)

No.

323452 12-26-23

4

1

Employer identification number

Person Payroll

(d)

Type of contribution

X

27-0341021

(c)

Total contributions

Schedule B (Form 990) (2023)

2023.05000 THE FIBROLAMELLAR CANCER

10082031

24

2023.05000 THE FIBROLAMELLAR CANCER

Schedule B (Form 990) (2023)

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

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 12-26-23	3	\$	Schedule B (Form 990) (

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Page 3

Employer identification number

27 - 0341021

Schedule	B (Form 990) (2023)		Page 4					
Name of c	organization		Employer identification number					
יים היי	IBROLAMELLAR CANCER FOU	אָראַשּאַראַז	27-0341021					
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.)					
(a) No	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from 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, a	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, a	and ZIP + 4	Relationship of transferor to transferee					
323454 12-20			Schedule B (Form 990) (2023)					
020404 12-20	0-20		Schedule D (Form 990) (2023)					

26 2023.05000 THE FIBROLAMELLAR CANCER 10082031

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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



Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 27-0341021 \end{array}$

Par			s or Ac	counts. Co	mplete if the	
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Funds and c	other accounts	<u> </u>
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 v	-				
	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a			-		
	for charitable purposes and not for the benefit of the donor of	· · · ·		0		
Der					Yes	No
Par			, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation			orically importar		
	Protection of natural habitat	Preservation of	of a certif	fied historic str	ucture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a cor			
	day of the tax year.				the End of the T	ax year
				2a		
	c , , , , , , , , , , , , , , , , , , ,			2b		
	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organiz	zation during th	ne tax	
_	year					
4	Number of states where property subject to conservation eas		-			
5	Does the organization have a written policy regarding the per			Г	\neg	
•	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	Iservatio	n easements d	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation eas	sements durina	the vear	
•	another of expenses meaned in memoring, inspecting, nand		ation cae		the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)			
					Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn				9	
	organization's accounting for conservation easements.	C C				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	imilar Asset	ts.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and bala	ince sheet work	ks	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	furtheran	ice of public		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these iter	ms.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet works o	f	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	therance	of public servi	ce,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	al gain, p	provide		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X		<u></u>			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedu	le D (Form 99	0) 2023
332051	09-28-23	27				
		27				



		ROLAMELLAR							1021		<u>ge</u> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other S	Similar Ass	sets	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following that	make sigr	nificant use of	its			
	collection items (check all that apply).										
а	Public exhibition	d	L 🗌 L	oan or exc	change progra	ım					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further t	he organizatio	n's exemp	t purpose in l	Part XI	III.		
5	During the year, did the organization solicit of	or receive donations o	of art, his	torical trea	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the c	organizatio	n answered "`	Yes" on Fo	rm 990, Part	IV, line	e 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	liary for c	ontributio	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:					-		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F						?	. 📖	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if						о Т .		() [1	
		(a) Current year	(b) Pr	ior year	(c) Two year	'S DACK (C	I) Three years b	баск	(e) Four y	ears c	раск
1a	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 of the curr		e (line 1g,	column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that	are held a	nd administer	ed for the			_		
	organization by:								<u> </u>	/es	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV,	line 11a. S	See Form 990						
	Description of property	(a) Cost or o		. ,	t or other	• •	umulated	(d) Book	value	•
		basis (investn	nent)	basis	(other)	depr	eciation	<u> </u>			
	Land							<u> </u>			
	Buildings										
	Leasehold improvements				2 01 1		2 01 17				
	Equipment				3,917.		3,917.				0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X <u>, line 10</u>	<u>c, column</u>	<u>(B))</u>						0.
							Sche	dule D) (Form	990) 2	2023

Part VII		AMELLAR CANCER	FOUNDATION	27-0341021 Page 3
	Investments - Other Securities			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, lin	e 12.
(a) Descrip	ption of security or category (including name of securit) (b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financi	ial derivatives			
(2) Closely	held equity interests			
(3) Other				
(A) IN	IVESTMENTS	2,607,353.	END-OF-YEAR M	IARKET VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. ((b) must equal Form 990, Part X, line 12, col. (B))	2,607,353.		
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Ye			
	(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) Total. (Col. ((b) must equal Form 990, Part X, line 13, col. (B))			
(9)	Other Assets		11d. Cas Fourt 000. Dati V. lia	- 45
(9) Total. (Col. (Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX	Other Assets Complete if the organization answered "Ye	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, lin	e 15. (b) Book value
(9) Total. (Col. (Part IX (1)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (2)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Ye		11d. See Form 990, Part X, lin	
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Ye	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets Complete if the organization answered "Ye	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Ye	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X Part X 1.	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fec	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2)	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3)	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fee (2) (3) (4)	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (9) Total. (Coll (1) Fec (2) (3) (4) (5) (3) (4) (5) (3) (4) (5) (3) (4) (5) (3) (4) (5) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (9) Total. (Coll (1) Fec (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Coll (6) (7) (8) (9) (9) (1) (6) (7) (8) (9) (1) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (1) Fec (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X 1. (1) Fec (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8)	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description		(b) Book value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X (1) Fec (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Ye umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Ye (a) Description of liability	a) Description <i>col. (B))</i> s" on Form 990, Part IV, line	11e or 11f. See Form 990, Par	(b) Book value

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 THE FIBROLAMELLAR CANCER				0341021 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,676,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-346,838.		
b	Donated services and use of facilities	2b	63,110.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	-283,728.
3	Subtract line 2e from line 1			3	2,960,135.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
E	Total university Add lines 2 and 4 million in the same part if the same			5	2,960,135.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				2/300/2001
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With I	Expenses per F		n
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With I	Expenses per F		n
	rt XII Reconciliation of Expenses per Audited Financial State	ements With I 2a.	Expenses per F		5,548,150.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With I 2a.	Expenses per F	Returi	n
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	Prents With I	Expenses per F	Returi	n
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	Expenses per F	Returi	n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Prements With I 12a. 2a 2a 2a 2b	Expenses per F	Returi	n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	Expenses per F	Returi	n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	Expenses per F	Returi	n <u>5,548,150.</u> 63,110.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	Expenses per F	1	n 5,548,150.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	Expenses per F	1 2e	n <u>5,548,150.</u> 63,110.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2b 2c 2d	Expenses per F	1 2e	n <u>5,548,150.</u> 63,110.
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d	Expenses per F	1 2e	n <u>5,548,150.</u> 63,110.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d	Expenses per F	1 2e	n 5,548,150. 63,110. 5,485,040. 0.
Pa 1 2 d c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n 5,548,150. 63,110. 5,485,040.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: 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, 2023, 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.
332054 09-28-23 Schedule D (Form 990) 2023 30
13571114 721252 1008203-1094710 2023.05000 THE FIBROLAMELLAR CANCER 1008203

Schedule D (Form 99 Part XIII Suppl	90) 2023 emental Inforr	THE nation	FIBROLAM	ELLAR C	ANCER	FOUNDATION	27-0	03410	21 Page 5
THERE WERE				INTERE	ST AND	PENALTIES	RECORDED	FOR '	THE
YEAR ENDED	DECEMBER	31,	2023.						
							Sched	iule D (Fo	orm 990) 2023

332055 09-28-23

Department of the Treasury	0 - 1-	· /-	Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	GO tO W	ww.irs.gov/Form	990 for instructions and the latest i	nformation.	Employer	Inspection identification number
· ·						
THE FIBROLAMELL			FION side the United States. Compl		27-03	
Form 990, Part I			side the Officed States. Compl	ete if the organ	ization answ	vered "Yes" on
		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outside the
United States.						
3 Activities per Region. (T (a) Region	he following Part (b) Number of		n be duplicated if additional space is r (d) Activities conducted in the region		vity listed in	(d) (f) Total
	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service e specific typ (s) in the reg	e, expenditures for and investments
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SCIENTIFIC	RESEARCH	157,500.
	Ů				REDEFICEN	157,500.
3 a Subtotal	0	0				157,500.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				157,500.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

27-0341021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -		157 500				
		ALBANIA, ANDORRA,	SCIENTIFIC RESEARCH	157,500.	TRANSFER	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

1

Page 2

27-0341021

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023	THE	FIBROLAMELLAR	CANCER	FOUNDATION	27-0341021	Pag
Part IV Foreign Form	S					

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

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023 THE FIBROLAMELLAR CANCER FOUNDATION 27-0341021 Page 5 Part V Supplemental Information 27-0341021 Page 5

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

PART I, LINE 2:

THE ORGANIZATION HAS CONTACT WITH INDIVIDUALS FROM THE FOREIGN

ORGANIZATIONS AND RECEIVES WRITTEN UPDATES.

Schedule F (Form 990) 2023

332075 11-29-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990) 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.								2023	
Department of the Treasury	Deartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to P								
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information	າ.		Inspection	
Name of the organization		ROLAMELLAR CANCER	FOIT	יברונ	UT ON		Employer id 27-034	lentification number	
Part I Fundrais		Complete if the organization answe				ine 1			
required to	complete this part	t							
 a Mail solicitat b Internet and c Phone solicitat d In-person so 	tions email solicitations tations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events	tees.	or		
•		art VII) or entity in connection with pr	•	Ū		,		es 🗌 No	
		viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to	be	
compensated at le	ast \$5,000 by the	organization.	1						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)		
			Yes	No					
		I							
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration	
or licensing.									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE FIBROLAMELLAR CANCER FOUNDATION

27-0341021 Page 2

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 gro	oss income on Form 990-			s greater than \$5	,000.
			(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total ever (add col. (a) thr	
			TOURNAMENT			col. (c))	0
e			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,260,810.			1,260,8	810.
	2	Less: Contributions	999,714.			999,7	/14.
	3	Gross income (line 1 minus line 2)	261,096.			261,0	96.
	4	Cash prizes					
S	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
lirect E	7	Food and beverages					
Δ	8	Entertainment					
	9	Other direct expenses	261,096.			261,0	96.
	10			· · · · · ·		261,0	96.
	11						0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
		\$15,000 on Form 990-EZ, line 6a.	1			1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming col. (a) through c	
ВĢ	1	Gross revenue					
	-						
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes%	Yes%	Yes%		
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)				
	Q	Net gaming income summary. Subtract line 7	from line 1 column (d)				
	0	Net gaming income summary. Subtract line /					
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:				
		the organization licensed to conduct gaming ac				Yes	No
		No," explain:					
		ere any of the organization's gaming licenses re			ear?	Yes	No
b	lf "`	Yes," explain:					

Sch	edule G (Form 990) 2023	THE	FIBROLAMELLAR CANCER FOUNDATION 27-	0341021 Page 3
11	Does the organization conduct g	aming act	vities with nonmembers?	Yes No
12		-	trustee of a trust, or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gamir			1 1
				13a 9
				13b
14	Enter the name and address of t	he person	who prepares the organization's gaming/special events books and records:	
	Name			
	A dalwa a a			
	Address			
15a	Does the organization have a co	ntract with	a third party from whom the organization receives gaming revenue?	Yes 🗌 No
b	If "Yes," enter the amount of gar	nina reven	e received by the organization \$ and the amount	
	of gaming revenue retained by th			
с	If "Yes," enter name and address			
	,			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Em Em	bloyee Independent contractor	
17				
а	Is the organization required unde	er state lav	to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Ves LINC
b		•	inder state law to be distributed to other exempt organizations or spent in the	
Do	organization's own exempt activ			
Pa			Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	is applicat	e. Also provide any additional information. See instructions.	
3320	83 09-13-23			dule G (Form 990) 202
			39	

Schedule G	(Form 990) Supplemental Info	THE	FIBROLAMELLAR	CANCER	FOUNDATION	27-0341021 Page 4
Part IV	Supplemental Info	rmation	(continued)			
222024 04 04 04	2					Schedule G (Form 990)
332084 04-01-2	.0			4.0		

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047				
Department of the Treasury	Attach to Form 990. Open to Public										
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection				
Name of the organization THE FIBRO	DLAMELLAR	CANCER FOUN	DATION				Employer identification number $27 - 0341021$				
Part I General Information on Grants	and Assistance										
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's principal statements 	istance?						on X Yes No				
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF WISCONSIN CSC K41748, 600 HIGHLAND AVENUE	39-6006492	E01/(C)/(2)	25,000	0.			SCIENTIFIC RESEARCH				
MADISON, MI 53792 CORNELL UNIVERSITY COLLEGE OF	39-6006492	501(C)(3)	25,000.	0.			SCIENTIFIC RESEARCH				
VETERINARY MEDICINE - S3 005											
SCHURMAN HALL - ITHACA, NY											
14853-6401	15-0532082	501(C)(3)	128,554.	0.			SCIENTIFIC RESEARCH				
JOHNS HOPKINS 1650 ORLEAN ST, CRBI 4M08 BALTIMORE, MD 21287	52-0595110	501(C)(3)	200,000.	0.			SCIENTIFIC RESEARCH				
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET, BOX 357750 SEATTLE, WA 98195	91-6001537	501(C)(3)	540,000.	0.			SCIENTIFIC RESEARCH				
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEPHIS, TN 38105	62-0646012	501(C)(3)	200,000.	0.			SCIENTIFIC RESEARCH				
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN											
FRANCISCO, CA 94143	94-6036493		49,433.	0.			SCIENTIFIC RESEARCH				
2 Enter total number of section 501(c)(3)			e line 1 table				<u> </u>				
3 Enter total number of other organization	ns listed in the line 1	1 table									

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

THE FIBROLAMELLAR CANCER FOUNDATION Schedule I (Form 990)

27-0341021 Page

		CANCER FOUN					17-0341021 Pa
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N	01 1025150		105 000				
SEATTLE, WA 98109	91-1935159	501(C)(3)	125,000.	0.			SCIENTIFIC RESEARCH
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	49,500.	0.			SCIENTIFIC RESEARCH
DRACEN PHARMACEUTICALS, INC 9276 SCANTON ROAD, #500 SAN DIEGO, CA 92121	81-2597193		2,404,179.	0.			SCIENTIFIC RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE, 10BP							
BOSTON, MA 02215	04-2263040	501(C)(3)	34,374.	0.			SCIENTIFIC RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNETT AVENUE							
CINCINNATI, OH 45229	31-0833936	501(C)(3)	317,914.	0.			SCIENTIFIC RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) 2023 THE FIBROLAMELLAR CANCER FOUNDATION

27-0341021

Page 2

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

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

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

PART I, LINE 2:

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.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n		
		Compensated Employees		20	Ľ٦)	
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Open to Public		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	ne of the organization	1		identificatio		nber	
_		THE FIBROLAMELLAR CANCER FOUNDATION	27-0	034102	1		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	sidence					
		ation and gross-up payments					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
2	ladiaata udalah ifan						
3		ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
		Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee					
			ommittee				
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 re						
а	-	e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
c	·	eive payment from an equity-based compensation arrangement?				X	
		les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:					
						X	
	Any related organiz	ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?				<u> </u>	
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023	

LHA 332111 11-06-23

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KURT LOSERT	(i)	273,188.	0.	0.	5,303.	1,490.	279,981.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. MARK FURTH	(i)	159,650.	0.	0.	4,871.	1,906.	166,427.	0.
SCIENTIFIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN HOPPER	(i)	88,718.	0.	0.	2,693.	1,018.	92,429.	0.
DIRECTOR(RETIRED 05/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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 J (Form 990) 2023

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

23

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 instructions and the latest information.

Name of the organization

Employer identification number

ΖU Open to Public

- tain	THE FIBROLAM	ELLAR	CANCER FOU	JNDATION	_	27-0341021
Pa					I	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of determining oncash contribution amounts
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	Х	2	13,453.	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 (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions		

for which the organization completed Form 8283, Part V, Donee Acknowledgement _____ 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it

Ear D	Departments Reduction Act Nation and the Instructions for Form 000	Sobodulo M	(Eorn	- 0001	2022
	describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				
b	If "Yes," describe in Part II.				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		32a		x
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	····· -	31	X	
b	If "Yes," describe the arrangement in Part II.				
	exempt purposes for the entire holding period?		30a		X
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for				

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

Schedule M (Form 990) 2023

Yes

No

LHA 332141 09-11-23

Schedule M	1 (Form 990) 2023	THE FIBR	OLAMELLAR	CANCER	FOUNDATIC	DN	27-0341021	Page 2
Part II	Supplemental is reporting in Part this part for any ac	l Information. t I, column (b), the dditional informati	Provide the inforr number of contrib on.	nation required outions, the nu	d by Part I, lines 30 mber of items rece	b, 32b, and 33, bived, or a combi	and whether the organiza ination of both. Also com	ation plete
_								
_								
332142 09-11-2	23						Schedule M (Form	n 990) 2023
				48			-	

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

Department of the Treasury

THE FIBROLAMELLAR CANCER FOUNDATION

Employer identification number 27 - 0341021

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

RESEARCH FUNDS FOR FIBROLAMELLAR 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, DESCRIPTION OF ORGANIZATION MISSION:

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 VI, SECTION A, LINE 2:

THE DIRECTORS MARNA DAVIS AND CHARLES DAVIS ARE SPOUSES.

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

THE ORGANIZATION HAS MEMBERS.

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

MEMBERS HAVE THE SOLE AUTHORITY TO ELECT OR REMOVE DIRECTORS, AND ELECT NEW MEMBERS.

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

MEMBER APPROVAL IS ALSO REQUIRED FOR ANY ADDITIONS, ALTERATIONS, OR REPEAL

OF ANY OF THE CORPORATION'S BYLAWS.

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

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2023.05000 THE FIBROLAMELLAR CANCER

Name of the organization

THE FIBROLAMELLAR CANCER FOUNDATION

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

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 12C:

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 B, LINE 15:

ANNUALLY, THE COMPENSATION COMMITTEE DESIGNATED BY THE BOARD OF DIRECTORS ASSESSES THE PERFORMANCE OF THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION OF EACH ASSESSED INDIVIDUAL, BASED ON A REVIEW OF COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

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 XII, LINE 2C:

332212 11-14-23

Schedule O (Form 990) 2023

ame of the organization THE FIBROLAMELLAR CANCER FOUNDATION	Employer identification number 27-0341021
	27-0341021
HE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

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