## **EXTENSION ATTACHED**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Form

990

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

Open to Public Inspection 06/30 **20** ว

OMB No. 1545-0047 0

A F	or th	e 2019 calendar year, or tax year beginning 07/01, 2019, and end	ng	06	/30, <b>20</b> 20	
_		C Name of organization	D Emp	loyer identifie	cation number	
Bc	heck if a	pplicable: CANCER RESEARCH INSTITUTE				
	Addr chan		-1837442	2		
	1	Room/suite Number and street (or P.O. box if mail is not delivered to street address)	E Tele	phone numbe	r	
	Initia	1 return 29 BROADWAY 4TH FLOOR	(212	) 688-7	/515	
	Term	City or town, state or province, country, and ZIP or foreign postal code				
	Ame		<b>G</b> Gros	s receipts \$	51,640,181.	
		cation <b>F</b> Name and address of principal officer: TTTT, O'DONNET, T-TORMEY, CEO		his a group retu	Irn for Yes X No	
	_ pend	29 BROADWAY 4TH FLOOR, NEW YORK, NY 10006		ordinates? all subordinates i	ncluded? Yes No	
1	Tax-e>				t. (see instructions)	
		ite: WWW.CANCERRESEARCH.ORG		up exemption n		
			of formation: 19			
	art l	Summary		in oluto		
	1	Briefly describe the organization's mission or most significant activities: THE CANCER R	ESEARCH IN	STITUTE	'S MISSION	
e	•	IS TO SAVE MORE LIVES BY FUELING THE DISCOVERY AND DEVE				
Governance		POWERFUL IMMUNOTHERAPIES FOR ALL TYPES OF CANCER.				
erna	2	Check this box				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			38.	
	3	Number of independent voting members of the governing body (Part VI, line Ta)			38.	
ies	4 5				34.	
ivit	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		•••	340.	
Activities &	0	Total number of volunteers (estimate if necessary)	• • • • • • • •			
		Total unrelated business revenue from Part VIII, column (C), line 12			465	
	D	Net unrelated business taxable income from Form 990-T, line 34	Prior		Current Year	
	8	Contributions and grants (Part )/III line 1b)		76,590.	35,256,709	
anc	9	Contributions and grants (Part VIII, line 1h)  COPY FOR  COPY FOR		0.	007200770	
Revenue	-	Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION	1 4 5	5,927.	1,947,407	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,175.	19,342	
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,692.	37,223,458	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,160.	30,344,126	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0	
-	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,893.	4,717,352	
Expenses			1,55	0.	1,717,552	
ben	10a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0	
Ĕ	D	Total fundraising expenses (Part IX, column (D), line 25) 2,813,295.	1.60	2,337.	3,435,086	
				18,390.	38,496,564	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	7,302.	-1,273,106	
- 0	19	Revenue less expenses. Subtract line 18 from line 12				
ts o ince			Beginning of C		End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,094.	126,564,196	
nd E	21	Total liabilities (Part X, line 26)		9,751.	66,229,595	
		Net assets or fund balances. Subtract line 21 from line 20	58,79	98,343.	60,334,601	
	rt II	Signature Block				
Une	der pe e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedules and stat act, and complete. Declaration of preparer (other than officer) is based on all information of which preparer l	ements, and to the as any knowledge.	best of my	knowledge and belief, it is	

Sign Here	Signature of officer ELECTRONICALLY FILED WIT	Date							
Paid	Type or print name and title         Print/Type preparer's name NTERNA raparer Rightable ENUE SETRUC         CANDICE       METH	Check if PTIN self-employed P01306891							
Preparer Use Only	Firm's nameEISNERAMPER LLPFirm's address733 THIRD AVENUE NEW YORK, NY 10017-2703	Firm's EIN         ▶         13-1639826           Phone no.         212-949-8700							
	May the IRS discuss this return with the preparer shown above? (see instructions)       X       Yes       No         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2019)								

For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or	Name of exempt organization or other filer, see in	nstructions.	Та	Taxpayer identification number (TIN)			
print	CANCER RESEARCH INSTITUTE 13-183744						
File by the	Number, street, and room or suite no. If a P.O. bo						
due date for filing your	29 BROADWAY 4TH FLOOR	,					
return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
instructions.	NEW YORK, NY 10006	0					
Enter the R	eturn Code for the return that this application	is for (file	a separate application for e	ach return)			01
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			-	07
Form 990-B	L	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than in	idividual)			09
Form 990-P		04	Form 5227	,			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870			-	12
	ALFRED MASSIDAS		•				
The book	s are in the care of ► 29 BROADWAY 4TH	FL NEW	YORK NY 10006				
<ul> <li>If the org</li> <li>If this is f for the who a list with the 1 I request</li> </ul>	ne No. ▶       212       688-7515         anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box       ▶         names and TINs of all members the extenses and automatic 6-month extension of time up	business ir our digit Gro If it is for pa ion is for. ntil	oup Exemption Number (GE art of the group, check this 05/17_, 20 21	his box		If th and at	tach
for the	organization named above. The extension is	s for the or	ganization's return for:				
2 If the t	calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m Change in accounting period					20	
	application is for Forms 990-BL, 990-PF, 9	90-T, 472	), or 6069, enter the ten	tative tax, less any			
	undable credits. See instructions.				3a	\$	0.
<b>b</b> If this	application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any refur	ndable credits and			
	ated tax payments made. Include any prior yea				3b	\$	0.
c Balano	<b>ce due.</b> Subtract line 3b from line 3a. Include	your paym	ent with this form, if requir	red, by using EFTPS			
	ronic Federal Tax Payment System). See instru				3c		0.
Caution: If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see F	orm 8453-EO and Form	887	79-EO f	or payment
instructions.							
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n <b>8868</b>	(Rev. 1-2020

CANCER RESEARCH I	NSTITUTE
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art III	9) Statement of Program Service Accomplishments	Page
	Check if Schedule O contains a response or note to any line in this Part III	
	escribe the organization's mission: CHMENT 1	
	organization undertake any significant program services during the year which were not listed on the rm 990 or 990-EZ?	XN
If "Yes,"	describe these new services on Schedule O.	
services If "Yes,"	organization cease conducting, or make significant changes in how it conducts, any program ?	X
expense	e the organization's program service accomplishments for each of its three largest program services, as means. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations for expenses, and revenue, if any, for each program service reported.	
(Code:	) (Expenses \$ 12,698,216. including grants of \$ 6,995,498. ) (Revenue \$	_)
(Code:	) (Expenses \$6,250,000. including grants of \$6,250,000. ) (Revenue \$	_)
	LOYD J. STAR PROGRAM, LAUNCHED IN 2019, PROVIDES GRANTS OF MILLION OVER 5 YEARS TO MID-CAREER SCIENTISTS. THIS	
LONG-7	CERM FUNDING IS NOT TIED TO A SPECIFIC RESEARCH PROJECT, BUT	
	R AIMS TO PROVIDE A DEGREE OF FLEXIBILITY AND FREEDOM FOR	
-	TIGATORS TO EXPLORE OUT-OF-THE-BOX AND DISRUPTIVE AVENUES OF	
	CCH. CANDIDATES SELECTED FOR THIS AWARD ARE EXPECTED TO BE	
	RISKS.	
(Code:	) (Expenses \$6,311,750. including grants of \$5,720,957. ) (Revenue \$ RI IRVINGTON POSTDOCTORAL FELLOWSHIP PROGRAM PROVIDES SUPPORT	_)
TO FUI	ID AND TRAIN YOUNG IMMUNOLOGISTS AND CANCER IMMUNOLOGISTS AT	
	NIVERSITIES AND RESEARCH CENTERS AROUND THE WORLD. FELLOWS /E UP TO \$175,500 OVER THREE YEARS TO COVER THE COST OF	
	ID OR SALARY, INSURANCE, AND OTHER RESEARCH-RELATED EXPENSES,	
SUCH A	AS TRAVEL TO CONFERENCES AND MEETINGS. OF THE MORE THAN 1,400	
ant no	OSTDOCTORAL FELLOWS FUNDED TO DATE, MANY HAVE SINCE BECOME OF MAJOR MEDICAL RESEARCH INSTITUTES, ACADEMIC LEADERS IN	
	GIOUS UNIVERSITIES, AND ADMIRED MENTORS TO THE NEXT	
HEADS		
HEADS PRESTI	ATION OF IMMUNOLOGISTS AND TUMOR IMMUNOLOGISTS.	
HEADS PRESTI GENERA Other p	ATION OF IMMUNOLOGISTS AND TUMOR IMMUNOLOGISTS.  rogram services (Describe on Schedule O.) es \$ 8,430,266. including grants of \$ 5,084,160. ) (Revenue \$ )	

Form 990 (2019)

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		v	
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	Х	<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		x
لہ	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		x
	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e	X	
		ITE	21	<u> </u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		<u> </u>
N	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1

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-	90 (2019)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		<u> </u>
U U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~ ~	If "Yes," complete Schedule L, Part I	25b		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		x
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	Х	
	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			
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	30		
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a23Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2.000		990	(2019)
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Form	990 (2019)		F	Page 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 34									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year									
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
-	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	]		-						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2019)

Form §	OPO (2019) CANCER RESEARCH INSTITUTE 13-183	7442	1	Page <b>6</b>
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 in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	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,			
	stockholders, 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 by the following:			
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 reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	X	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	i01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ALFRED MASSIDAS 29 BROADWAY 4TH FL NEW YORK, NY 10006 212-688-7515	s 🕨		
			000	/00/00
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more th box, unless person is officer and a director)				is both an		(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)JILL O'DONNELL-TORMEY, PHD	45.00									
CEO/DIR. OF SCIENTIFIC AFFAIRS	0.			Х				469,988.	0.	58,596.
(2) ALFRED R. MASSIDAS	40.00									
CFO/DIR. OF HUMAN RESOURCES	0.			Х				303,907.	0.	71,504.
(3)LYNNE A. RAPINO	40.00									
DIR.GRANT ADMIN/SPECIAL EVENTS	0.				X			257,060.	0.	69,441.
(4) VANESSA LUCEY	40.00									
DIRECTOR OF CVF & ACCELERATOR	0.				Х			246,153.	0.	68,483.
(5) SHARON S. SLADE	40.00									
DIR. OF STRATEGIC INITIATIVES	0.				Х			219,505.	0.	48,753.
(6) <sup>BRIAN M. BREWER</sup>	40.00									
DIR. OF MKTG & COMMUNICATIONS	0.				Х			180,113.	0.	48,954.
(7) RUPINDER KAUR	40.00									
SR. MANAGER OPS. & GIVING	0.					Х		144,734.	0.	58,094.
(8) JUN TANG	40.00									
SR MGR CRI VENT FUND&CLIN ACC	0.					Х		126,365.	0.	55,283.
(9) DEANNE T. MARBACH	40.00									
DEVELOPMENT OFFICER	0.					Х		124,241.	0.	42,590.
(10)QING HUA ZHANG	40.00									
CONTROLLER	0.					Х		121,584.	0.	42,735.
(11) MARLA A. LAWSON	40.00									
ASSOC DIR CORP & FDN RELATIONS	0.					Х		109,408.	0.	41,078.
(12) PAUL C. SHIVERICK	4.00									
CO-CHAIRMAN	0.	Х		Х				0.	0.	0.
(13) ANDREW K. TSAI	4.00									
CO-CHAIRMAN	0.	X		Х				0.	0.	0.
(14) JOHN B. FITZGIBBONS	2.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0.

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Form 990 (2019)

Part VII Section A. Officers, Directors	s, Trustees, Ke	y En	nplo	yee	es,	and H	ligl	nest Compensat	ed Employees (co.	ntinued)	
(A) Name and title	(B)			(C Posi				<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estima	
Name and the	Average hours per week (list any hours for	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				an ee)	compensation from the	compensation from related organizations	amount of other compensation	t of r sation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from t organiza and rela organiza	ation ated
5) EDGAR R. BERNER	3.00										
VICE CHAIRMAN	0.	X		Х				0	0.		(
6) DONALD J. GOGEL	3.00										
VICE CHAIRMAN	0.	X		Х				0	0.		(
7) JACQUES C. NORDEMAN	1.00										
VICE CHAIRMAN	0.	X		Х				0	0.		(
8) ANDREW M. PAUL	2.00										
VICE CHAIRMAN	0.	X		Х				0	0.		
9) GEOFFREY O. COLEY	2.00										
TREASURER	0.	X		Х				0	0.		
0) THOMAS G. MENDELL	1.00										
SECRETARY	0.	Х		Х				0	0.		
1) YACOV ARNOPOLIN	2.00										
TRUSTEE	0.	Х						0	0.		
2) PETER L. BLOOM	1.00										
TRUSTEE	0.	Х						0	. 0.		
3) JENNIFER L. BRORSEN	.50										
TRUSTEE	0.	Х						0	. 0.		
4) JAMES M. CITRIN	.50										
TRUSTEE	0.	Х						0	0.		
5) W. ROBERT DAHL	1.00										
TRUSTEE	0.	Х						0	0.		
1b Sub-total							►	2,303,058.	0.	605	,511
c Total from continuation sheets to Part							►	0.	0.		0
d Total (add lines 1b and 1c)								2,303,058.	0.	605	,511
2 Total number of individuals (including bu reportable compensation from the organi		hose 11		d ab	ove	e) who	o re	ceived more than	\$100,000 of		
										Ye	s No
3 Did the organization list any former	officer, directo	or, or	tru	stee	e, I	key e	emp	loyee, or highes	t compensated		
employee on line 1a? If "Yes," complete S										3	Х

organization and related organizations greater than \$150,000? If "Yes," complete Schedul individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	•
sation from the le J for such	
	4
on or individual	
	!

	Yes	No
3		Х
4	Х	
5		Х

#### Section B. Independent Contractors

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

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
A'	ftachment 4		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization $\triangleright$ 2	e listed above) who received	

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	1990 (2019) rt VII Section A. Officers, Directors, Tru	istees. Ke	v Fm	nplo	Vee	es.	and I	lia	hest Compensat	ed Employees (co	ontinu		Page
	(A) Name and title	Name and title         Average hours per week (list any hours for         Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensatio		f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fi org an	om the anizatio d related anization	n d
26)	GLENN J. DESIMONE	1.50											
	TRUSTEE	0.	X						0.	0.			
27)	JOHN E. ECKERSON	.50											
	TRUSTEE	0.	X						0	0.			
28)	SEAN P. FAHEY	1.00											
	TRUSTEE	0.	X						0.	0.			
29)	MARGOT E. FREEDMAN	.50											
	TRUSTEE	0.	x						0.	0.			
30)	OLIVER R. GRACE JR.	2.00											
	TRUSTEE	0.	x						0.	0.			
31)	SANDRA COUDERT GRAHAM	.50											
	TRUSTEE	0.	x						0.	0.			
32)	MICHAEL M. KELLEN	2.00											
	TRUSTEE	0.	x						0	0.			
33)	ALEXANDER P. LYNCH	.50											
	TRUSTEE	0.	x						0	0.			
34)	BRIAN RIANO	.50											
	TRUSTEE	0.	x						0	0.			
2 5 1	LIEF D. ROSENBLATT	.50			-				0.				
	TRUSTEE	0.	v						0	0.			
			X						0.	. 0.			
50)	FRANK V. SICA	.50											
	TRUSTEE	0.	X						0.	0.			
	Sub-total								0.	0.			
С	Total from continuation sheets to Part VII, S	ection A											
d	Total (add lines 1b and 1c)				• •	• •							
2	Total number of individuals (including but not		hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization	n 🕨	11	L									
												Yes	Ν
3	Did the organization list any <b>former</b> offic										2		Σ
	employee on line 1a? If "Yes," complete Schedu										3		2
4	For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	50,0	00?	i If	"Yes	s,"	complete Schedu	le J for such			
	individual										4	X	
5	Did any person listed on line 1a receive or												
-	for services rendered to the organization? If "Ye		( . O . I	1	1	1					5	1	Х

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

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	not ch unless r and	Positio eck m s perso	ore that on is bo ector/tru	th an istee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation
	line)	al trustee or	Institutional trustee	ioyoo	employee				organizations
7) JAMES A. STERN TRUSTEE	1.00 0.	x					0	. 0	
8) MICHAEL B. TARGOFF TRUSTEE	1.00 0.	x					0	. 0	
9) DIANE TUFT TRUSTEE	1.00	x					0	. 0	
0) HEIDI UEBERROTH TRUSTEE	.50	x					0	0	
1) LAUREN VERONIS TRUSTEE	2.00	x					0	0	
2) RONALD G. WEINER TRUSTEE	1.00	x					0	. 0	
3) JIM WEISS TRUSTEE	1.00	x					0	. 0	
4) ANTONIO C. ALVAREZ II TRUSTEE	.50	x					0	0	
5) KAMINI BANGA TRUSTEE	.50	X					0	0	
6) MICHAEL J. PETRICK TRUSTEE	.50	X			+		0	0	
TRUSTEE	1.00	X			+		0	0	
1b Sub-total c Total from continuation sheets to Part VII, S			•••	••	•••	. •	0.		
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	limited to t		istec		ve) w	ho re	eceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul	ule J for su	ch ind	ividu	al .					Yes M 3
4 For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00	)0?	lf "Y	es,"	complete Schedu	le J for such	<b>4</b> X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fro	om ar	iy un	related organization	on or individual	5
<ul> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest com compensation from the organization. Report c year.</li> </ul>									
<i>,</i>									

	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Form 990 (2019) Part VII Section A. Officers, Directors, Tru	ustoos Ka	v En	nlo	VO	26	and H	lial	hest Compensat	ed Emplo		ontinuo		age <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(B) (C) Average hours per sek (list any hours for					ne an ee)	(D) Reportable compensation from the	(E) Report compensati relate organiza	able on from ed	Est am	(F) imated ount of ther pensation	 n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	m the nization related nizations	3
48) PETER ZHOU TRUSTEE	2.00	x						0		0.			0
49) BRIAN J. BRILLE TRUSTEE	.25	x						0	•	0.			0
		-											
	+												
	+												
								0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A												
2 Total number of individuals (including but not reportable compensation from the organization		hose 11		d al	bove	e) who	o re	ceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for	such	4	x	
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i></li> </ul>	accrue co	mpen	satio	on f	from	n any	un	related organizati	on or indiv	idual	5		X
Section B. Independent Contractors	<i>cc, ccmp.c</i>					00.011							
1 Complete this table for your five highest com compensation from the organization. Report of year.													
(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	с	(C) compens	ation	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				iteo	d to	thos	e li	sted above) who	received				

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Form	990	(2019)
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		Check if Schedule	Осо	ontains a r	espor	nse or note to ar	,			<u> </u>
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns .			1a	423,479.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		ſ	1b					
٥Ĕ	c	Fundraising events		[	1c	1,580,204.				
ifts ir A	d	Related organizations .		ſ	1d					
<u>i</u> i G	е	Government grants (co		ſ	1e					
Sins	f									
er		and similar amounts not in	-	-	1f	33,253,026.				
Ţ	g	Noncash contributions		ł						
d d	9	lines 1a-1f			10	\$ 259,450.				
aS	h	Total. Add lines 1a-1f					35,256,709.			
	<u> </u>			<u></u>		Business Code	,,,			
e										
, vio	2a									
Ser	b									
Ē	C									
gra Re	d									
Program Service Revenue	e									
ш.	f	All other program servic					0.			
	g	Total. Add lines 2a-2f					0.			
	3	Investment income (		•			603,256.		465.	602,791.
		other similar amounts).					0.		405.	002,791.
	4	Income from investmer		•		•				
	5	Royalties	•••	(i) Rea		(ii) Personal	0.			
						(II) Feisonai				
	6a	Gross rents	6a		,998.					
	b	Less: rental expenses	6b		,810.					
	C	Rental income or (loss)			,188.					
	d	Net rental income or (lo	ss) .				18,188.			18,188
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	15,500	,514.					
an	b	Less: cost or other basis								
Revenue		and sales expenses	7b	14,156	,363.					
Se,	c	Gain or (loss)	7c	1,344	,151.					
	d	Net gain or (loss)				<u></u>	1,344,151.			1,344,151.
Other	8a	Gross income from	n fi	undraising						
0		events (not including \$	1	L,580,204.						
		of contributions repo	orted	on line						
		1c). See Part IV, line 18			8a	127,550.				
	b	Less: direct expenses .			8b	127,550.				
	c	Net income or (loss) fro	om fu	ndraising e	vents	<u> </u>	0.			
	9a	Gross income fr	rom	gaming						
		activities. See Part IV, lin	ne 19		9a	0.				
	b	Less: direct expenses .			9b	0.				
	c	Net income or (loss) fr	om g	aming acti	vities	<u></u>	0.			
	10a	Gross sales of ir	nvento	ory, less						
		returns and allowances			10a	0.				
	b	Less: cost of goods sold				0.				
	c	Net income or (loss) fro	om sal	les of inven	tory	<u></u>	0.			
s						Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS				900099	1,154.	1,154.		
ane	b									
eve	c									
isc R	d	All other revenue								
Σ	e	Total. Add lines 11a-11				· · · · · · •	1,154.			
	12	Total revenue. See inst					37,223,458.	1,154.	465.	1,965,130.

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo			<u></u> .	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,826,876.	25,826,876.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members	4,517,250.	4,517,250.		
5 Compensation of current officers, directors, trustees, and key employees	1,709,310.	692,549.	360,148.	656,613
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0.			
7 Other salaries and wages	1,840,230.	745,593.	387,732.	706,90
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	297,063.	116,971.	65,379.	114,713
9 Other employee benefits	658,513.	261,247.	147,163.	250,10
<b>10</b> Payroll taxes	212,236.	87,517.	43,490.	81,22
11 Fees for services (nonemployees): a Management	0.			
b Legal	95,463.	60,472.	34,991.	
c Accounting	93,155.		93,155.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	446,545.		446,545.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column	722,720.	512,097.	28,930.	181,69
(A) amount, list line 11g expenses on Schedule O.).	258,489.	53,341.	1,289.	203,85
3 Office expenses	466,306.	118,585.	72,987.	274,73
4 Information technology	0.	-		
15 Royalties	0.			
6 Occupancy	459,892.	193,560.	105,775.	160,55
7 Travel	343,988.	241,835.	19,683.	82,47
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.	121,655.		
9 Conferences, conventions, and meetings	0.	121,055.		
20       Interest          21       Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	39,913.	16,126.	8,781.	15,00
23 Insurance	60,595.		60,595.	
24 Other expenses. Itemize expenses not covered				
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 O.)				
aEQUIPMENT RENTAL & MAINTENAN	222,923.	73,096.	76,611.	73,21
bOTHER EXPENSES AND FEES	56,734.	16,884.	27,653.	12,19
cRESEARCH PGRM SUPPORTING EXP	34,578.	34,578.		
dFILING FEE	12,130.		12,130.	
e All other expenses		22 600 020	1 002 027	0 010 00
<ul> <li>25 Total functional expenses. Add lines 1 through 24e</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functions check here between the set of the set</li></ul>	38,496,564.	33,690,232.	1,993,037.	2,813,29
fundraising solicitation. Check here 🕨 X if				

0.

following SOP 98-2 (ASC 958-720)

JSA

Page	1	1

art	X Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Pa	art X	[
		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
1	Cash - non-interest-bearing	2,762,434. <b>1</b>	29,216,35
2	-	24,666,709. <b>2</b>	4,042,32
3	F	41,808,127. <b>3</b>	38,164,72
4	· · · · · · · · · · · · · · · · · · ·	287,139. <b>4</b>	233,80
5			
	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	0.5	
6			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.6	
7		0.7	
8	Inventories for sale or use	0.8	
9	Prepaid expenses and deferred charges	484,257. <b>9</b>	398,68
10	a Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D 10a 591, 227.		
	<b>b</b> Less: accumulated depreciation <b>10b</b> 428,647.	188,896. <b>10c</b>	162,58
11		14,090,530. <b>11</b>	12,885,02
12		43,320,002. 12	41,460,69
13		<sup>0</sup> . <b>13</b>	
14	Intangible assets	0. 14	
15		<sup>0</sup> . 15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	127,608,094. 16	126,564,19
17		773,477. <b>17</b>	612,81
18	Grants payable	68,004,733. <b>18</b>	64,875,09
19	Deferred revenue.	<sup>0</sup> . <b>19</b>	
20	· · · · · · · · · · · · · · · · · · ·	<sup>0</sup> . <b>20</b>	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	<sup>0</sup> · 21	
22	Loans and other payables to any current or former officer, director,		
22	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	0. 22	
23		0. 23	
24	Unsecured notes and loans payable to unrelated third parties	<sup>0</sup> . <b>24</b>	710,15
25			
	parties, and other liabilities not included on lines 17-24). Complete Part X		0.1 5
	of Schedule D	31,541. 25	31,54
26		68,809,751. <b>26</b>	66,229,59
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		
27	Net assets without donor restrictions	34,368,286. 27	36,053,25
28		24,430,057. <b>28</b>	24,281,34
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		
29		29	
30		30	
31	Retained earnings, endowment, accumulated income, or other funds	31	
32		58,798,343. <b>32</b>	60,334,60
		127,608,094. <b>33</b>	126,564,19

1

Part XI       Reconciliation of Net Assets       X         Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total expenses (must equal Part IVII, column (A), line 12)       1         3       Revenue less expenses. Subtract line 2 from line 1       37,223,458.         2       Total expenses (must equal Part IVII, column (A), line 25)       2       38,496,5564.         3       Revenue less expenses. Subtract line 2 from line 1       37,223,458.       2         4       58,798,343.       5       -1,273,106.         5       -364,359.       6       0.         6       0.       7       0.         8       0.       0.       9       3,173,723.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       3,173,723.         10       60,334,601.       9       3,173,723.         10       60,334,601.       9       3,173,723.         10       60,334,601.       9       3,173,723.         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         11 </th <th>Form 99</th> <th>00 (2019)</th> <th></th> <th></th> <th></th> <th>Pa</th> <th>ge <b>12</b></th>	Form 99	00 (2019)				Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       37, 223, 458.         2       Total expenses (must equal Part IX, column (A), line 25)       38, 496, 554.         3       Revenue less expenses. Subtract line 2 from line 1       37, 223, 458.         4       1       37, 223, 458.         5       Revenue less expenses. Subtract line 2 from line 1       37, 223, 458.         6       -1, 273, 106.         7       -1, 273, 106.         7       0.         8       Prior period adjustments         9       Other changes in net assets or fund balances (explain on Schedule O).         9       Other changes in net assets or fund balances (explain on Schedule O).         9       Other changes in net assets or fund balances (explain on Schedule O).         9       Other changes in net assets or fund balances (explain on Schedule O).         9       Other changes in net assets or fund balances (explain on Schedule O).         9       3, 1773, 723.         10       60, 334, 601.         Part XIII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         1       ft reorgan	Part	XI Reconciliation of Net Assets					
1       Total revenue (must equal Part VIII, column (A), line 12)       1       37,223,458.         2       Total expenses (must equal Part X, column (A), line 25)       38,496,564.         2       38,496,564.         2       38,496,564.         3       38,496,564.         3       -71,273,106.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4         5       -364,359.         6       0.         7       0.         8       Prior period adjustments         6       0.         9       0.177,723.106.         9       0.173,723.         10       60,334,601.         9       3,173,723.         10       60,334,601.         9       3,173,723.         10       60,334,601.         9       3,173,723.         10       60,334,601.         9       3,173,723.         10       60,334,601.         9       3,173,723.         10       60,334,601.         10       60,334,601.         11       Accounting method used to prepare the Form 990:       Cash X       Accrual       Other<		Check if Schedule O contains a response or note to any line in this Part XI					X
2       Total expenses (must equal Part IX, column (A), line 25)       2       38, 496, 554.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 273, 106.         4       4       58, 798, 343.         5       Net unrealized gains (losses) on investments       5       -364, 359.         6       0.       7       0.         7       0.       6       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       3, 173, 723.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       6       0.         2.       attements and Reporting       6       0.       0.         2.       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       9       3, 173, 723.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Mechanical Statements and Reporting       Check if Schedule O.       2a       X       10         2       Were the organization's financial	1			37	7,2	23,4	158.
3       Revenue less expenses. Subtract line 2 from line 1       1       -1, 273, 106.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       5       58, 798, 343.         5       Donated services and use of facilities       5       -364, 359.         6       0.       7       0.         7       Investment expenses.       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       3,173,723.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       60,334,601.         Part XII       Financial Statements and Reporting       60,334,601.         Check if Schedule O contains a response or note to any line in this Part XII.       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         15       Separate basis <t< td=""><td>2</td><td></td><td>2</td><td>38</td><td>3,4</td><td>96,5</td><td>64.</td></t<>	2		2	38	3,4	96,5	64.
<ul> <li>Net unrealized gains (losses) on investments</li></ul>	3		3				
a) Not united services and use of facilities       a)         c) Donated services and use of facilities       c)         c) Net assets on fund balances and use of facilities       c)         c) Other changes in net assets or fund balances (explain on Schedule O).       c)         c) Other changes in net assets or fund balances (explain on Schedule O).       c)         c) Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       g)         32. column (B)).       c)       f)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedule O contains a response or note to any line in this Part XII.       c)         c) Check if Schedu	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58			
0       Donates where any loss of natilities         1       Investment expenses	5		5		-3	64,3	359.
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c 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)).</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c other changes in net assets or fund balances (explain on Schedule O).</li> <li>c other changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?.</li> <li>c other check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</li> <li>i Separate basis is Consolidated basis is both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis is both:</li> <li>i Separate basis is Consolidated basis is both:</li> <li>ii T ves," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.</li> <li>ii f the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a f</li></ul>	6	Donated services and use of facilities	6				0.
8       Prior period adjustments       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       3,173,723.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       60,334,601.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       10       60,334,601.         9       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         1       Hees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         1       Were the organization's financial statements audited by an independent accountant?       2b       X         1       Meres," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Meres," check a box below to indicate statements and selection of an independent accountant?       2b       X <td>7</td> <td>Investment expenses</td> <td>7</td> <td></td> <td></td> <td></td> <td></td>	7	Investment expenses	7				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10       60, 334, 601.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       60, 334, 601.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes," to line 2 a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	8		8				
32. column (B))       60,334,601.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O       Yes       No         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za       X       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       Za       X       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X <td>9</td> <td>Other changes in net assets or fund balances (explain on Schedule O)</td> <td>9</td> <td></td> <td>3,1</td> <td>73,7</td> <td>23.</td>	9	Other changes in net assets or fund balances (explain on Schedule O)	9		3,1	73,7	23.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Consolidation of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to kex a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to kex a box below to indicate whether the financial statements and selection of an independent accountant?		32, column (B))	10	60	),3	34,6	501.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other       Yes       No         1       Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O.       Other," explain in Schedule O.       Za       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?	Part						
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited basis or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X       3a       X       3a       X       3a		Check if Schedule O contains a response or note to any line in this Part XII			• •		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?						Yes	No
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   c   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	1						
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis, or both:       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b			kplain	in			
<ul> <li>2.4 Were the organization's financial statements complete of reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		Schedule O.					
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>	2a				2a		X
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X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b			ed o	n a 🛛			
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Interadult, review, or compliation of its infancial statements and selection of an independent accountant?       Image: Compliation of its infancial statements and selection of an independent accountant?         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b		the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.	1	2c	X	
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b		If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3a       X		Schedule O.					
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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b					Ba		X
	b						
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .				

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

	Revenue Servi		)	► Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Name o	f the organiza	tion						Employer identifi	cation number
CANC			INSTITUT					13-18374	
Part					organizations must o			7	i.
	<u> </u>		•		t is: (For lines 1 through		•	,	
					tion of churches desc				
2					. (Attach Schedule E				
3			-	-	rganization described				
4			-	-	conjunction with a ho	spital de	scribed ir	section 170(b)(1)(A)	(III). Enter the
5			e, city, and st		a collega or universit		doropo	rated by a governme	ental unit described in
5				complete Part II.)	a college of utiliversit	y owne	u or ope	aled by a governme	
6					rnmental unit describe	d in sect	tion 170(	h(1)(A)(y)	
7 X				•			•		om the general public
•				(1)(A)(vi). (Compl	-	pport	om a go		sin the general public
8					<b>b)(1)(A)(vi).</b> (Complete	Part II.)			
9		-		-	ed in section 170(b)(1	-		l in conjunction with a	land-grant college
			-	-	griculture (see instruct		-	-	
	universit	-						•	-
10	receipts support acquired	from a from g by th	activities rela ross investm e organizatio	ted to its exempt f ient income and u n after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
12	_		•			-			carry out the purposes
	of one o	or mor	e publicly su	pported organizati	ions described in <b>sec</b> t	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	Check th	ne box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а	🔄 Type I	. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the sup	pporte	d organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	suppor	rting o	rganization. ۱	ou must complet	te Part IV, Sections A	and B.			
b	Туре I	I. A su	pporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
	contro	l or m	anagement o	of the supporting c	organization vested in	the sam	e persor	is that control or man	age the supported
			,		, Sections A and C.				
С					ng organization opera				lly integrated with,
-		-	-		ns). You must comple				
d			-		porting organization o	-			
			-		nization generally mus	-		-	a an attentiveness
•	·		-		omplete Part IV, Sect a written determinatio				
е			-		ionally integrated sup				п, туре пі
fΕ							Jiganizat		
					orted organization(s).				· · · · · ·
	Name of sup			(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	instructions)	instructions)
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total	orwork Podu	otion A	t Nation and th	e Instructions for Form	990 or 990-E7			Sabadula A	(Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

13-1837442

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,576,046.	22,009,614.	23,657,555.	40,376,590.	35,256,709.	162,876,514.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	41,576,046.	22,009,614.	23,657,555.	40,376,590.	35,256,709.	162,876,514.
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)						54,727,965.
6	Public support. Subtract line 5 from line 4						108,148,549.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		41,576,046.	22,009,614.	23,657,555.	40,376,590.	35,256,709.	162,876,514.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	767,057.	284,686.	321,264.	441,074.	621,444.	2,435,525.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-26,103.				465.	-25,638.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	198,695.	91,215.	40,026.	142,978.	1,154.	474,068.
11	Total support. Add lines 7 through 10						165,760,469.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin					14	65.24%
15	Public support percentage from 2018					15	64.98 <b>%</b>
16a	331/3% support test - 2019. If the org	•					
	box and <b>stop here.</b> The organization qu		• • • •	•			
b	331/3% support test - 2018. If the org						
	this box and <b>stop here.</b> The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the organization			-	-		
h	organization						
D	15 is 10% or more, and if the orga	0					
	Explain in Part VI how the organization						-
	supported organization				-	-	
18	Private foundation. If the organization						
10							
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(0) T-t-1
	ndar year (or fiscal year beginning in) <b>&gt;</b>	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		tion's first soos	 nd third fourth	or fifth tox w		E01(a)(2)
14	organization, check this box and <b>stop here</b> .	0	,	, ,	, j		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			ımn (f))		15	%
16	Public support percentage from 2018 Sched	( ):		.,,		16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2018. If the orga	-	•	-			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d		•	•			
JSA	1 1.000					chedule A (Form 9	
JE 122		:45:47 PM	V 19-7.7F	3	05168		

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

Page 4

Yes No

.

JSA

-	le A (Form 990 or 990-EZ) 2019		F	age <b>5</b>
Part	V Supporting Organizations (continued)			
			Yes	No
11	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 in (b) and (c)			
		11a		
		11b		
		11c		
Secu	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	2		
			Yes	No
4	Were a majority of the argonization's directors or tructops during the tay year also a majority of the directors $\int$		100	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
<u></u>			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? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc	tions).	
			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
L				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
N	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	Schedule A (Form		990-EZ	) 2019
JSA				

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

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2019

6

	le A (Form 990 or 990-EZ) 2019	0	• • • • • • • • • • • • • • • • • • •	Page <b>7</b>
Part		Supporting Organizat	ions (continued)	<b>•</b> • • •
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
1	and 4c.			
0	Breakdown of line 7:			
8				
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			A (Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10

OTHER INCOME: OTHER INCOME FOR THE CANCER RESEARCH INSTITUTE CONSISTS OF

MISCELLANEOUS INCOME TO THE INSTITUTE TOTALING \$1,154, \$142,978, \$40,026,

91,215 and 98,695 for the <code>fiscal-years ended june 30</code>, 2020, 2019,

2018, 2017 AND 2016, RESPECTIVELY.

#### Schedule B

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

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

13-1837442

CANCER RESEARCH INSTITUTE

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)							
Name of organization	CANCER	RESEARCH	INSTITUTE				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$7,829,314.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 99	0-EZ, or 990-I	PF) (2019)
Name of organization	CANCER	RESEARC

ame of organization	CANCER RESEARCH	INSTITUTE	Employer identification number
			13-1837442

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

lame of or	ganization CANCER RESEARCH INSTIT	UTE		Employer identification number
				13-1837442
Part III	Exclusively religious, charitable, etc.			
	(10) that total more than \$1,000 for			
	the following line entry. For organizati			
	contributions of \$1,000 or less for the			e instructions.) ► \$
	Use duplicate copies of Part III if addit	ional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transf	ar of gift	
			er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No.			I	
(a) 100.	(b) Purpose of gift	(c) Use	e	(d) Description of how gift is held

Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
1			
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfe	er of gift	
Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
			(e) Transfer of gift

(a) No. from Part I

(c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

 Transferee's name, address, and ZIP + 4
 Relationship of transferor to transferee

(b) Purpose of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEE	DULE D	)
(Form	990)	

b

# 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

20

OMB No. 1545-0047

19

	ment of the Tre		Go to yayay	ire an	► Attach to Form 99 Form990 for instructions		d the latest infor	nation		ection
	al Revenue Serv of the organiza			13.y0		s an			ployer identification num	11 H H H
	-		INSTITUTE						13-1837442	
				n A alv	iaad Funda ar Othar	0:0	niler Funde er			
Par			tions Maintaining Dono e if the organization answ					ACCO	Junts.	
	001	ipieu		vereu	(a) Donor advis				(b) Funds and other ac	
	<b>-</b>					Seui	unus			counts
			nd of year							
			of contributions to (during y							
			of grants from (during year)							
			at end of year							
			ion inform all donors and							
		-	anization's property, subject		-		-		•••••••	es 🔄 No
			ion inform all grantees, do							
			e purposes and not for the							
			nissible private benefit?		<u> </u>	• •			Y	es 🔄 No
Par			tion Easements.			_	( N / I'			
			e if the organization answ							
1			servation easements held	-		that	1			
			n of land for public use (for e	example	e, recreation or education)	<u> </u>			istorically important	
			of natural habitat				Preservation	of a c	ertified historic struc	cture
			n of open space							
	•		a through 2d if the organiza	ition h	eld a qualified conserva	atio	n contribution ir	the fo		
			last day of the tax year.						Held at the End of	the Tax Year
а	Total numbe	er of c	onservation easements			•••		2a		
		-	tricted by conservation ease					2b		
			rvation easements on a ce					2c		
			rvation easements include							
	historic stru	cture	listed in the National Regist	ter				2d		
3	Number of	conse	ervation easements modifie	ed, tra	nsferred, released, ext	ingu	ished, or term	inated	by the organizatio	on during the
	tax year 🕨									
4	Number of a	states	where property subject to	conse	ervation easement is location	ated	▶			
		-	zation have a written poli	-					-	
	violations, a	nd enf	forcement of the conservat	ion ea	sements it holds?				🗆 Y	es 📖 No
6	Staff and vo	lunteer	hours devoted to monitoring	g, insp	ecting, handling of viola	tions	s, and enforcing	conse	rvation easements du	ring the year
	▶									
7	Amount of e	expens	ses incurred in monitoring, i	nspec	ting, handling of violatio	ons,	and enforcing c	onserv	vation easements du	ring the year
	▶\$									
			vation easement reported o			-				
			)(4)(B)(ii)?							es 📖 No
			ibe how the organization re							
			d include, if applicable, the			rgar	nization's financ	ial sta	tements that describ	es the
			counting for conservation ea				•	<u></u>		
Par			tions Maintaining Colleg					r Sim	ilar Assets.	
		•	e if the organization answ							
1a	If the organ of art, histo service, pro	izatior prical vide ir	n elected, as permitted un treasures, or other similar Part XIII the text of the foc	der Fa asse otnote	ASB ASC 958, not to r ts held for public exh to its financial stateme	repo nibiti nts f	ort in its revenu on, education, that describes t	ie stat or re hese it	ement and balance search in furtheran ems.	sheet works ice of public
	art, historica	al trea	n elected, as permitted un sures, or other similar ass ring amounts relating to the	ets he	ld for public exhibition					
			ded on Form 990, Part VIII							
			ed in Form 990, Part X							
2	If the orga	nizatio	n received or held works	ofa	rt, historical treasures,	, or	other similar	assets	for financial gain,	provide the
	•		s required to be reported u						<b>_</b> .	
а	Revenue in	cluded	on Form 990, Part VIII, line	e 1					▶\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
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Schedule D (Form 990) 2019

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1	. 3	- 3	18	3	7	4	4	2	

	CAN	CER RESEARCH	INSTITUTE				13-183	7442	
Schee	dule D (Form 990) 2019								Page <b>2</b>
Pa	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treasures	s, or Otł	her Similar A	Assets (C	ontinue	d)
3	Using the organization's acquisition	on, accession, and	other records,	check any o	of the fol	llowing that n	nake sign	ificant us	se of its
	collection items (check all that app			-		-	•		
а	Public exhibition	.,	d 🗌 I	Loan or excha	ande pro	aram			
b	Scholarly research			Other	51	5			
c	Preservation for future gene	rations							
	Provide a description of the organ		a and avalain	how those fur	thar tha	orgonization	o overnet	nurnood	in Dort
4		izations collection	s and explain	now they ful	the the	organization	s exempt	purpose	in Part
_	XIII.								
5	During the year, did the organization							<b>_</b>	<b>—</b>
_	assets to be sold to raise funds rath		tained as part o	of the organiza	ation's co	ollection?	<u>  </u>	Yes	No
Pa	rt IV Escrow and Custodial A	U U							
	Complete if the organiza	ition answered "Y	es" on Form §	990, Part IV,	line 9, c	or reported a	n amoun	it on For	m
	990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian or oth	er intermediary	y for contribut	tions or o	other assets no	t		
	included on Form 990, Part X?						[	Yes	No
b	If "Yes," explain the arrangement i								
				•			Amount		
с	Beginning balance				1c				
	Additions during the year				L				
ŭ	Distributions during the year								
f					1e				
2-	Ending balance				1f	dial account lia	hilit. (2	Yes	Na
2a	5						-		No
	If "Yes," explain the arrangement i	n Part XIII. Check r	iere if the expla	ination has be	en provid	led on Part XII			
Pa	rt V Endowment Funds.	( LINA							
	Complete if the organiza						T		
		(a) Current year	(b) Prior yea		o years bac	., ,		(e) Four y	
1a	Beginning of year balance	8,200,942.			487,17		6,728.		24,604
b	Contributions	21,700.	33,	734.	27,90	2	3,300.		19,840
	Net investment earnings, gains,								
•	and losses	297,442.	377,9	937.	668,73	1. 89	0,431.	-2	77,716
Ь	Grants or scholarships								
	Other expenditures for facilities								
e	-	210,773.	150,4	426.	244,10	4. 39	3,289.		
	and programs	-,			, -				
t	Administrative expenses	8,309,311.	8,200,9	942 7	939,69	7 7 48'	7,170.	6 9	66,728
g	End of year balance					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,5	00,720
2	Provide the estimated percentage	of the current year	end balance (li	ne 1g, column	ı (a)) held	as:			
-	Board designated or quasi-endown		0_%						
b	Permanent endowment  42.5								
С	Term endowment  2.9000								
	The percentages on lines 2a, 2b, a	•							
3a	Are there endowment funds not in	the possession of t	he organization	n that are hel	d and ad	Iministered for	the	_	
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	Х
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	0			-	_		<u>ч</u>	
-	rt VI Land, Buildings, and Equ	upment.							
- a	Complete if the organize	ation answered "\	es" on Form	990, Part IV	<u>, line 11</u>	a. See Form	990, Pa	rt X, line	10.
	Description of property			) Cost or other ba		Accumulated	(d)	) Book valu	е
4 -	Lond		stment)	(other)		depreciation			
_	Land								
b	Buildings			01 5		04.000			7 000
С	Leasehold improvements			91,56		24,369.			7,200.
d	Equipment			499,65	58.	404,278.		9	5,380.
	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part X, (	column (B), <mark>l</mark> ir	ne 10c.)	<u></u>		16	2,580.
							Schedu	ule D (Forn	n 990) 2019

JSA 9E1269 1.000 17931Y L161 1/19/2021 4:45:47 PM V 19-7.7F 305168

#### Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) PRIVATE EQUITY FUNDS 16,747,702. FMV (B) HEDGE FUNDS 8,285,557. FMV (C) FUND-OF-FUNDS 16,427,439 FMV (D) (E) (F) (G) (H) 41,460,698 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes REFUNDABLE DEPOSIT 31,541. (2) (3) (4)(5) (6)(7)(8) (9) 31,541. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Х

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Schedu	le D (Form 990) 2019				Page <b>4</b>
Part				n.	
	Complete if the organization answered "Yes" on Form 990, Part N			1	37,208,505.
1	Total revenue, gains, and other support per audited financial statements			•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a 2b	-364,359. 564,130.		
b	Donated services and use of facilities		231,821.		
С	Recoveries of prior year grants	2c	231,021.		
d	Other (Describe in Part XIII.)	2d			421 600
е	Add lines 2a through 2d			2e	431,592.
3	Subtract line 2e from line 1			3	36,776,913.
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	446,545.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	446,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	37,223,458.
Part				ırn.	
	Complete if the organization answered "Yes" on Form 990, Part N	∕, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	35,669,722.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	564,130.		
b	Prior year adjustments	2b			
c	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d	3,349,084.		
e	Add lines 2a through 2d	· · · · ·		2e	3,913,214.
3	Subtract line 2e from line 1			3	31,756,508.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i • • i			
4		4a	446,545.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	6,293,511.		
b	Other (Describe in Part XIII.)	<u> </u>		4c	6,740,056.
° C			4C 5	38,496,564.	
5 Port	Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) XIII Supplemental Information.		Э	50,490,504.	
	e the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4:	Part IV	lines 1h and 2h <sup>.</sup> F	Part V	line 4: Part X line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

SCHEDULE D PART V LINE 4

Part XIII Supplemental Information (continued)

THE INSTITUTE'S ENDOWMENT CONSISTS OF FOUR DONOR-RESTRICTED FUNDS AND A BOARD DESIGNATED FUND ESTABLISHED TO SUPPORT FELLOWSHIPS AND OTHER RESEARCH PROGRAMS.

#### SCHEDULE D PART X LINE 2

THE INSTITUTE IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ASC TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE INSTITUTE'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE INSTITUTE'S FINANCIAL STATEMENTS.

#### SCHEDULE D PART XII LINE 2D

LOSS ON UNCOLLECTIBLE AMOUNTS OF \$3,349,084, INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS, BUT NOT INCLUDED IN EXPENSES PER THE RETURN.

#### SCHEDULE D PART XII LINE 4B

EARLY GRANT TERMINATIONS IN THE AMOUNT OF \$6,293,511, INCLUDED IN EXPENSES PER PER THE RETURN, BUT NOT INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS.

SCHEDULE F	Statement of Activities Outside the United St	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	20 <b>19</b> Open to Public Inspection		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>			
Name of the organization	Employer ider	yer identification number		
CANCER RESEARCH	13-183	13-1837442		
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on	
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	•		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part L line 3 table can be duplicated if additional space is needed.) 2

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		40,292,596.
(2)	NORTH AMERICA	0.	0.	GRANTMAKING		2,230,250.
(3)	EUROPE	0.	0.	GRANTMAKING		1,882,000.
(3)	EOROPE	0.		GIANTPIAICING		1,002,000.
(4)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		205,000.
(5)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		200,000.
(6)						
(7)						
(8)						
(9)						
(10)						
<u>(11)</u>						
(12)						
(13)						
(14)						
<u>(</u> 15)						
<u>(16)</u>						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					44,809,846.
	Totals (add lines 3a and 3b)					44,809,846.
For Pa	aperwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedul	e F (Form 990) 2019

Schedule F (Form 990) 2019

	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
1)			NORTH AMERICA	RESEARCH	30,250.	CHECK			
2)			EAST ASIA/PACIFIC	RESEARCH	200,000.	CHECK			
3)			NORTH AMERICA	RESEARCH	2,200,000.	CHECK			
4)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,250.	CHECK			
5)			EUROPE/ICELAND/GREENLAND	RESEARCH	200,000.	CHECK			
6)			MIDDLE EAST/NORTH AFRICA	RESEARCH	205,000.	CHECK			
7)			EUROPE/ICELAND/GREENLAND	RESEARCH	196,000.	CHECK			
8)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,500.	CHECK			
9)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,250,000.	CHECK			
0)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,250.	CHECK			
1)									
2)									
3)									
4)									
5)									
6)									

.

Page **2** 

Schedule F (Form 990) 2019

(a) Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2019

CANCER RESEARCH INSTITUTE

Schedu	le F (Form 990) 2019			Pa	age <b>4</b>
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	No No	
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>		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 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? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>		Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	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 Instructions for Form 5713; don't file with Form 990)		Yes	X No	

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

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

MONITORING GRANTS - PART I, QUESTION 2

CANCER RESEARCH INSTITUTE INC. REQUIRES GRANT RECIPIENTS TO COMPLY WITH

STATED TERMS AND CONDITIONS GOVERNING EACH PROGRAM, INCLUDING THE

SUBMISSION OF ANNUAL PROGRESS REPORTS AND, WHERE APPLICABLE

INSTITUTION-GENERATED FINANCIAL REPORTS. DISBURSEMENT OF FUNDS IS

CONTINGENT UPON ACCEPTANCE OF THESE TERMS AND TIMELY SUBMISSION OF

REPORTS.

ACCOUNTING METHOD - PART I, QUESTION 3, COLUMN (F)

AMOUNTS REPORTED ON THE ACCRUAL BASIS.

SCHEDULE G		Information Re the organization answe			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete If	organization entered i	more than \$1	15,000 on For	m 990-EZ, line 6a.	19, or if the	2019
Department of the Treasury		Attach Go to www.irs.gov/Form		) or Form 990			Open to Public
Internal Revenue Service Name of the organization		30 to www.irs.gov/Form	1990 101 11150			Employer identificat	Inspection
CANCER RESEARCH	INSTITUTE					13-1837442	
Part I Fundraisin	g Activities. Com	plete if the organ	ization ar	nswered "	Yes" on Form 9	90, Part IV, line <sup>-</sup>	17.
	EZ filers are not r		•				
	the organization ra	-		-			
a Mail solicita	tions email solicitations	e f			non-government g		
<b>b</b> Internet and <b>c</b> Phone solic		g			government grant ising events	5	
d In-person so		9			loning overhe		
b If "Yes," list the	tion have a written o s listed in Form 990 10 highest paid ind least \$5,000 by the	), Part VII) or entity ividuals or entities	in connec	ction with p	professional fundra	ising services?	Yes No fundraiser is to be
<b>(i)</b> Name and add or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	<b>(iv)</b> Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
2							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organiza ensing.				contributions or	has been notified	d it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 17931Y L161 1/19/2021 4:45:47 PM V 19-7.7F 305168

#### CANCER RESEARCH INSTITUTE

#### Schedule G (Form 990 or 990-EZ) 2019

Ра	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contribut			
			(a) Event #1 THROUGH THE KIT	(b) Event #2 AWARDS DINNER	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	715,756.	803,603.	188,395.	1,707,754.
Ř	2	Less: Contributions Gross income (line 1 minus	714,756.	677,053.	188,395.	1,580,204.
	3	line 2)	1,000.	126,550.	0.	127,550.
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
st Exp	7	Food and beverages	1,000.	126,550.		127,550.
Direo	8	Entertainment				
	9	Other direct expenses				
Pa	11		ne 10 from line 3, colu anization answered "	ımn (d)		127,550. reported more than
Revenue		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	∑ Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the organization licensed to con If "No," explain:		in each of these state	es?	Yes _ No

Schedule G (Form 990 or 990-EZ) 2019

CIMCER REDEFICER INDITIOIE	CANCER	RESEARCH	INSTITUTE
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	CANCER RESEARCH INSTITUTE	13-1837	442	
Sched	lule G (Form 990 or 990-EZ) 2019			Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool	(s and		/0
14	records:			
	Nama N			
	Name ►			
	Address			
15 2	Does the organization have a contract with a third party from whom the organization receives	aamina		
IJa			Yes	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$			
b	In res, enter the amount of gaming revenue received by the organization $\blacktriangleright$ $\$$	and the		
-	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Nama N			
	Name ►			
	Address			
16	Gaming manager information:			
10	Saming manager mormation.			
	Nama 🕨			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pro-	accords to		
а			Yes	No
L	retain the state gaming license?			
α	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
Dar	or spent in the organization's own exempt activities during the tax year ▶ \$ t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns	(iii) and (iii	) and	
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic (see instructions).	mai intorm	alion	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I	C	Grants a	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and Ir	ndividuals in	n the United	d States		2019
	Comr	plete if the or	ganization ans	wered "Yes" on F	orm 990. Part IV	line 21 or 22.		
Department of the Treesury			-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information	).		Inspection
Name of the organization							Employer identificati	on number
CANCER RESEARCH	INSTITUTE						13-183744	2
Part I General In	formation on Grants and	d Assistanc	e				•	
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crite	eria used to award the grant	s or assistanc	e?	-				X Yes No
2 Describe in Part	IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and	d Other Assistance to D	omestic Or	nanizations ar	d Domestic Gov	ernments Com	plete if the organiz	ation answered "Y	es" on Form 990
	e 21, for any recipient the		-					
				-	•	•		
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSIT	TY MEDICAL CENTER							
701 W. 168TH STREE	ET NEW YORK, NY 10032	13-5598093	501(C)(3)	1,455,750.				RESEARCH
(2) MASSACHUSETTS INST	FITUTE OF TECHNOLOGY							
77 MASSACHUSETTS A	AVENUE	04-2103594	501(C)(3)	30,250.				RESEARCH
(3) STANFORD UNIVERSIT	ГҮ							
291 CAMPUS DRIVE S	STANFORD, CA 94305	94-1156365	501(C)(3)	438,534.				RESEARCH
(4) UNIVERSITY OF CALL	IFORNIA, SAN FRANCISCO							
513 PARNASSUS AVEN	NUE, MED SCI	94-6036493	501(C)(3)	622,250.				RESEARCH
(5) UNIVERSITY OF CALL	IFORNIA, LOS ANGELES	_						
BOX 951405, 2147 M	MURPHY HALL	95-6006143	501(C)(3)	180,500.				RESEARCH
(6) MEMORIAL SLOAN KET	TTERING CANCER CENTER	_						
1275 YORK AVENUE N	NEW YORK, NY 10065	13-1624182	501(C)(3)	2,395,698.				RESEARCH
(7) WEILL MEDICAL COLI	LEGE OF CORNELL UNIVERSITY	_						
1300 YORK AVENUE N	NEW YORK, NY 10065	13-1623978	501(C)(3)	405,750.				RESEARCH
(8) DANA-FARBER CANCEF	R INSTITUTE	_						
450 BROOKLINE AVE	BOSTON, MA 02115	04-2263040	501(C)(3)	805,750.				RESEARCH
(9) ALBERT EINSTEIN CO	OLLEGE OF MEDICINE	_						
1300 MORRIS PARK A	AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	175,500.				RESEARCH
(10) ICAHN SCHOOL OF ME	EDICINE AT MOUNT SINAI	_						
ONE GUSTAVE L. LEV	/Y PLACE	13-6171197	501(C)(3)	1,450,000.				RESEARCH
(11) AMERICAN ASSOCIATI	LON FOR CANCER RESEARCH	_						
615 CHESTNUT STREE		23-6251648	501(C)(3)	100,000.				RESEARCH
(12) YALE UNIVERSITY SC		4						
	HAVEN, CT 06520-8055	06-0646973		236,000.				RESEARCH
	er of section 501(c)(3) and	•	•					
	er of other organizations list					<u></u>		
For Paperwork Reductio	n Act Notice, see the Instructi	ions for Form 9	90.				Sch	edule I (Form 990) (2019)

SCHEDULE I				ssistance t				OMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and In	dividuals in	n the United	d States		2019
	Com	olete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go t	to www.irs.gov/	Form990 for the I	atest information	).		Inspection
Name of the organization							Employer identificati	on number
CANCER RESEARCH	INSTITUTE						13-183744	2
Part I General In	formation on Grants and	d Assistanc	e					
1 Does the organization	ation maintain records to s	ubstantiate th	e amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
•	eria used to award the grant			•	•			X Yes No
2 Describe in Part I	V the organization's proced	dures for mor	itoring the use o	of grant funds in the	United States.			
	d Other Assistance to D					nlete if the organiz	ation answered "V	es" on Form 990
			-					es on ronn 330,
Part IV, III	e 21, for any recipient the	lat received	more man 55,	000. Part li can t				
	address of organization overnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALI	FORNIA, SAN DIEGO							
	LA JOLLA, CA 92093	95-6006144	501(C)(3)	175,500.				RESEARCH
(2) UNIVERSITY OF WASH	HINGTON MEDICAL CENTER							
	STREET SEATTLE, WA 98195	91-6001537	501(C)(3)	375,500.				RESEARCH
(3) WASHINGTON UNIVERS	SITY SCHOOL OF MEDICINE							
$\rightarrow$	JE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	1,425,500.				RESEARCH
(4) BOSTON CHILDREN'S	HOSPITAL							
300 LONGWOOD AVENU	JE BOSTON, MA 02115	04-2774441	501(C)(3)	205,750.				RESEARCH
(5) PARKER INSTITUTE F	OR CANCER IMMUNOTHERAPY							
ONE LETTERMAN DRIV		47-3355381	501(C)(3)	1,005,644.				RESEARCH
(6) THE SALK INSTITUTE	FOR BIOLOGICAL STUDIES							
100010 NORTH TORRE	Y PINES ROAD	95-2160097	501(C)(3)	375,500.				RESEARCH
(7) NATIONAL INSTITUTE	OF ALLERGY&INFECTIOUS DI							
4 CENTER DRIVE BET	THESDA, MD 20892-0460	52-0858115	NAT'L INSTITUTE	175,500.				RESEARCH
(8) UNIVERSITY OF PENN	ISYLVANIA DIVISION OF HEMA							
3400 CIVIC CENTER	BLVD, 10TH FLOOR	23-1352685	501(C)(3)	205,750.				RESEARCH
(9) UNIVERSITY OF CALI	FORNIA, BERKELEY							
200 CALIFORNIA HAL	L BERKELEY, CA 94720	94-6002123	501(C)(3)	205,750.				RESEARCH
(10) UNIVERSITY OF MASS	SACHUSETTS MEDICAL SCHOOL							
55 LAKE AVENUE NOR	TH WORCESTER, MA 01655	04-3167352	501(C)(3)	175,500.				RESEARCH
(11) ST. JUDE CHILDREN'	S RESEARCH HOSPITAL							
322 N. LAUDERDALE	MEMPHIS, TN 38105-2794	16-2064601	501(C)(3)	175,500.				RESEARCH
(12) COLD SPRING HARBOR	2 LABORATORY							
P.O. BOX 100 COLD	SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	175,500.				RESEARCH
2 Enter total number	er of section 501(c)(3) and	government o	organizations list	ted in the line 1 tak	le			
3 Enter total number	er of other organizations list	ted in the line	1 table	<u></u>	<u> </u>	<u></u>	<u></u>	
	n Act Notice, see the Instruct							edule I (Form 990) (2019)

SCHEDULE I				Assistance t				DMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and Ir	ndividuals i	n the United	d States		2019
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
Department of the Treasury			► At	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization							Employer identification	on number
CANCER RESEARCH							13-183744	2
Part I General I	nformation on Grants and	d Assistanc	e					
<ol> <li>Does the organiz</li> </ol>	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant						l	X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th		-					,
				1	-	(f) Method of valuation		(h) Durnage of grant
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ALA	BAMA BIRMINGHAM							
1720 UNIVERISTY D	RIVE BIRMINGHAM, AL 35294	98-0486628	501(C)(3)	199,955.				RESEARCH
(2) PERSONAL GENOME D	IAGNOSTICS							
2809 BOSTON STREE	T BALTIMORE, MD 21224	27-2268485		327,000.				RESEARCH
(3) NEW YORK GENOME C	ENTER							
101 6TH AVENUE NE	W YORK, NY 10013	80-0631734	501(C)(3)	200,000.				RESEARCH
(4) UNIVERSITY OF PIT	TSBURGH							
107 CATHEDRAL OF	LEARNING	25-0965591	501(C)(3)	1,250,000.				RESEARCH
(5) FRED HUTCHINSON C	ANCER RESEARCH CENTER COMP							
1100 FAIRVIEW AVE	NUE NORTH	23-7156071	501(C)(3)	196,613.				RESEARCH
(6) THE UNIVERSITY OF	TEXAS MD ANDERSON CANCER							
1515 HOLCOMBE BLV	D. HOUSTON, TX 77030	74-6001118	501(C)(3)	7,780,406.				RESEARCH
(7) SAGE BIONETWORKS		_						
2901 THIRD AVENUE	, SUITE 330	26-4489946	501(C)(3)	1,189,526.				RESEARCH
(8) THE SCRIPPS RESEA	RCH INSTITUTE	_						
10550 NORTH TORRE		13-3043595	501(C)(3)	175,500.				RESEARCH
(9) THE ROCKEFELLER U	NIVERSITY	_						
1230 YORK AVENUE	NEW YORK, NY 10065	13-1624158	501(C)(3)	205,750.				RESEARCH
(10) BRIGHAM & WOMEN'S	HOSPITAL/HARVARD MEDICAL	_						
75 FRANCIS STREET	BOSTON, MA 02115	04-2312909	501(C)(3)	351,000.				RESEARCH
(11) EMORY UNIVERSITY		_						
	ATLANTA, GA 30322	58-0566256	501(C)(3)	175,500.				RESEARCH
(12) NORTHWESTERN UNIV		4						
	EVANSTON, IL 60208	36-2167817		30,250.				RESEARCH
	er of section 501(c)(3) and	-	-					
	er of other organizations list					<u></u>	<u></u>	
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance f ndividuals in			-	OMB No. 1545-0047
(10111 000)			•					2019
	Comp	Diete if the o	-	wered "Yes" on F ttach to Form 990		line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the l				Inspection
Name of the organization		<b>P</b> 00	to ###.#3.907			•	Employer identifica	
CANCER RESEARCH	I INSTITUTE						13-18374	
	nformation on Grants and	d Assistanc	۵				15 105/1	12
				aranta ar accieta	noo the grantage	l aligibility for the grapt	a ar assistance, and	
-	zation maintain records to ຣເ eria used to award the grant			-	-			X Yes No
	IV the organization's proced							
	nd Other Assistance to D		-					es" on Form 990,
Part IV, Iir	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can l	pe duplicated if a	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance
(1) HARVARD MEDICAL S	SCHOOL							
	T BOSTON, MA 02115	04-2103580	501(C)(3)	205,750.				RESEARCH
(2) THE LA JOLLA INST	TITUTE FOR IMMUNOLOGY							
	E LA JOLLA, CA 92037	33-0328688	501(C)(3)	175,500.				RESEARCH
(3) BROAD INSTITUTE O	OF MIT AND HARVARD							
	CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	351,000.				RESEARCH
(4) NYU LANGONE MEDIC	CAL CENTER							
	NEW YORK, NY 10016	13-5562309	501(C)(3)	30,250.				RESEARCH
(5)								
<u> </u>								
(6)								
<b></b>								
(7)								
(8)								
(9)								
(10)		_						
(11)		_						
(12)		4						
	per of section 501(c)(3) and	•	•					39.
	per of other organizations list							1.
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form §	990.				Sc	hedule I (Form 990) (2019)

#### Schedule I (Form 990) (2019)

## 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>(b)</b> Number of recipients	(c) Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

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

GRANT MONITORING - SCHEDULE I PART I, QUESTION 2

CANCER RESEARCH INSTITUTE INC. REQUIRES GRANT RECIPIENTS TO COMPLY WITH

STATED TERMS AND CONDITIONS GOVERNING EACH PROGRAM, INCLUDING THE

SUBMISSION OF ANNUAL PROGRESS REPORTS AND, WHERE APPLICABLE,

INSTITUTION-GENERATED FINANCIAL REPORTS. DISBURSEMENT OF FUNDS IS

CONTINGENT UPON ACCEPTANCE OF THESE TERMS AND TIMELY SUBMISSION OF

REPORTS.

(Forr	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Con ► Complete if the organizatio ►	Association Information Actors, Trustees, Key Employees, and Highest Appensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 290 for instructions and the latest information.	<sup>13.</sup>	WB No. 20 Open to	19	olic
-	of the organization			Employer identification			
	5	CH INSTITUTE		13-1837442			
Part		as Regarding Compensation		10 100,112			
Fall	Question	is regarding compensation				Yes	No
1a b 2	990, Part VII, First-cla Travel fo Tax inde Discretio If any of the or reimburse explain Did the orga directors, trus	Section A, line 1a. Complete Part III to ass or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ement or provision of all of the ex- anization require substantiation prior stees, and officers, including the CEC	wided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (such as maid, cha ne organization follow a written policy re penses described above? If "No," com to reimbursing or allowing expenses D/Executive Director, regarding the items	these items. personal use nal residence on fees auffeur, chef) garding payment plete Part III to incurred by all checked on line	1b		
3	Indicate which organization's related organ X Comper Indepen	h, if any, of the following the organizations CEO/Executive Director. Check all that	on used to establish the compensation of the at apply. Do not check any boxes for methon e CEO/Executive Director, but explain in Part Written employment contract Compensation survey or study Approval by the board or compensation	he ds used by a art III.	2		
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		X
b	Participate in,	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		X
C	Participate in	, or receive payment from, an equity-ba	sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
5 a	For persons compensation	listed on Form 990, Part VII, Secti n contingent on the revenues of:	r <b>ganizations must complete lines 5-9.</b> on A, line 1a, did the organization pa		5a		X
b					5b		X
	-	e 5a or 5b, describe in Part III.					
6	For persons		on A, line 1a, did the organization pa	y or accrue any			
а	The organizat	ion?			6a		Х
b	•	rganization? e 6a or 6b, describe in Part III.			6b		X
7	For persons	listed on Form 990. Part VII. Section	n A, line 1a, did the organization prov	ide any nonfixed			
8	payments not Were any am	t described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject	7		X
9	If "Yes" on I	line 8, did the organization also fol	low the rebuttable presumption proced	ure described in	8		X
	Regulations s	ection 53.4958-6(c)?		<u></u>	9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	J) 2019

Schedule J (Form 990) 2019

Page **2** 

#### 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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		<b>(i)</b> Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JILL O'DONNELL-TORMEY,	(i)	469,988.	0.	0.	28,000.	30,596.	528,584.	
1 CEO/DIR. OF SCIENTIFIC AFFAIRS	(ii)	0.	0.	0.				
ALFRED R. MASSIDAS	(i)	303,907.	0.	0.	28,000.	43,504.	375,411.	
2 <sup>CFO/DIR. OF HUMAN RESOURCES</sup>	(ii)	0.	0.	0.				
LYNNE A. RAPINO	(i)	257,060.	0.	0.	26,000.	43,441.	326,501.	
DIR.GRANT ADMIN/SPECIAL EVENTS	(ii)	0.	0.	0.				
SHARON S. SLADE	(i)	219,505.	0.	0.	22,250.	26,503.	268,258.	
DIR. OF STRATEGIC INITIATIVES	(ii)	0.	0.	0.				
VANESSA LUCEY	(i)	246,153.	0.	0.	25,000.	43,483.	314,636.	
DIRECTOR OF CVF & ACCELERATOR	(ii)	0.	0.	0.				
BRIAN M. BREWER	(i)	180,113.	0.	0.	18,500.	30,454.	229,067.	
DIR. OF MKTG & COMMUNICATIONS	(ii)	0.	0.	0.				
RUPINDER KAUR	(i)	144,734.	0.	0.	14,850.	43,244.	202,828.	
7 <sup>SR. MANAGER OPS. &amp; GIVING</sup>	(ii)	0.	0.	0.				
QING HUA ZHANG	(i)	121,584.	0.	0.	12,450.	30,285.	164,319.	
8 CONTROLLER	(ii)	0.	0.	0.				
JUN TANG	(i)	126,365.	0.	0.	12,000.	43,283.	181,648.	
9 <sup>SR MGR CRI VENT FUND&amp;CLIN ACC</sup>	(ii)	0.	0.	0.				
DEANNE T. MARBACH	(i)	124,241.	0.	0.	12,250.	30,340.	166,831.	
10 <sup>DEVELOPMENT OFFICER</sup>	(ii)	0.	0.	0.				
MARLA A. LAWSON	(i)	109,408.	0.	0.	11,100.	29,978.	150,486.	
11 11	(ii)	0.	0.	0.				
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

#### 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.

Page **3** 

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Name of the organization

JSA

#### CANCER RESEARCH INSTITUTE

Employer identification number 13-1837442

Par	Types of Property				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash 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		47.	259,450.	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					
29	Number of Forms 8283 received				29
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg		Yes No
200	During the year, did the organizat	ion roccivo	by contribution only propo	rty reported in Dart L line	
30a	28, that it must hold for at least t				_
	to be used for exempt purposes for	-			
h	If "Yes," describe the arrangement				
31	Does the organization have a		ance policy that require	s the review of any	nonstandard
51	contributions?			-	
322	Does the organization hire or use				
JZd	contributions?	-	=		
h	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked.
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2019

13-1837442

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

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

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Informa Name of the organization CANCER RESEARCH INSTITUTE

Employer identification number

13-1837442

PART III - STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 4D CLINIC AND LABORATORY INTEGRATION PROGRAM: THE CRI CLINIC AND LABORATORY INTEGRATION PROGRAM (CLIP) SUPPORTS QUALIFIED SCIENTISTS WHO ARE WORKING TO EXPLORE CLINICALLY RELEVANT QUESTIONS AIMED AT IMPROVING THE EFFECTIVENESS OF CANCER IMMUNOTHERAPIES. THE PROGRAM FUNDS BASIC, PRECLINICAL, AND TRANSLATIONAL RESEARCH THAT CAN BE APPLIED DIRECTLY TO OPTIMIZING CANCER IMMUNOTHERAPY IN THE CLINIC. CLIP GRANTS PROVIDE UP TO \$200,000 OVER TWO YEARS.

TECHNOLOGY IMPACT AWARD: THE CRI TECHNOLOGY IMPACT AWARD PROVIDES SEED FUNDING OF UP TO \$200,000 TO BE USED OVER 12-24 MONTHS TO ADDRESS THE GAP BETWEEN TECHNOLOGY DEVELOMENT AND CLINICAL APPLICATION OF CANCER IMMUNOTHERAPIES.

IMPACT GRANTS: CRI IMPACT GRANTS SUPPORT RESEARCH PROJECTS AND PUBLIC EDUCATION AND AWARENESS INITIATIVES WITHIN OR APPLICABLE TO THE FIELDS OF IMMUNOLOGY AND TUMOR IMMUNOLOGY FOR WICH FUNDS HAVE BEEN SPECIFICALLY RAISED.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, LINE 11 THE CEO AND THE CFO WORK WITH THE AUDIT FIRM TO PREPARE THE TAX RETURNS. A DRAFT COPY IS CIRCULATED TO THE ENTIRE BOARD FOR REVIEW AND COMMENTS, AFTER WHICH IT IS SIGNED AND FILED WITH RELEVANT AUTHORITIES. PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, LINE 12C ALL MEMBERS OF THE BOARD AND THE ENTIRE STAFF ARE GIVEN THE CONFLICT OF INTEREST DOCUMENT. THEY ARE ASKED TO ANSWER ALL QUESTIONS AND MAKE THE NECESSARY DECLARATIONS AND THEN SIGN THE DOCUMENT ON AN ANNUAL BASIS.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, LINE 15 THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO IS DETERMINED BY USING COMPARABLE DATA AND IS REVIEWED BY THE BOARD OF TRUSTEES CO-CHAIRMEN.

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE, LINE 19 AT LEAST THE THREE MOST RECENT YEARS OF FINANCIAL INFORMATION ARE POSTED ON CRI'S WEBSITE. THE GENERAL PUBLIC CAN ALSO REQUEST A COPY TO BE SENT TO THEM, AS WELL AS VIEW THEM AT OUR OFFICES AT 29 BROADWAY, 4TH FLOOR NEW YORK, NY 10006. GOVERNING DOCUMENTS ARE ONLY DISTRIBUTED INTERNALLY TO MANAGEMENT AND THE BOARD OF TRUSTEES.

PART XI - RECONCILIATION OF NET ASSETS, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES - INCLUDE A LOSS ON UNCOLLECTIBLE AMOUNTS OF \$(3,349,084), THE LOSS IN VALUE OF PERPETUAL TRUST OF \$(2,525), RETURN OF GRANT FUNDS IN THE AMOUNT OF \$231,821, AND EARLY GRANT TERMINATIONS IN THE AMOUNT OF \$6,293,511. ATTACHMENT 1 FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE CANCER RESEARCH INSTITUTE'S MISSION IS TO SAVE MORE LIVES BY FUELING THE DISCOVERY AND DEVELOPMENT OF POWERFUL IMMUNOTHERAPIES FOR ALL TYPES OF CANCER. TO ACCOMPLISH THIS, CRI FUNDS LABORATORY TRANSLATIONAL, AND CLINICAL RESEARCH EFFORTS AIMED AT LEARNING HOW TO

305168

FORM 990, PART III - PROGRAM SERVICE, LINE 4A	
THE CRI ANNA-MARIA KELLEN CLINICAL ACCELERATOR PROGRAM IS AN	
ACTIVELY MANAGED VENTURE PHILANTHROPHY PROGRAM DESIGNED TO SPEED	
THE DEVELOPMENT OF CANCER IMMUNOTHERAPIES. THE STRATEGY	
FACILITATES RESEARCH COLLABORATION ACROSS LEADING BIOPHARMA	
COMPANIES AND AMONG 90 OF THE WORLD'S TOP CANCER RESEARCHERS. THE	
PROGRAM AIMS TO IDENTIFY AND KICK-START DEVELOPMENT OF	
NEXT-GENERATION COMBINATION TREATMENTS USING THE MOST PROMISING	
DRUGS FROM DISPARATE COMPANIES. EACH PHILANTHROPIC INVESTMENT	
BRINGS A NEW CANCER TREATMENT TO PATIENTS, EMPOWERS ACADEMIC	
RESEARCHERS TO WORK MORE CLOSELY WITH INDUSTRY, AND CREATES THE	

TO MAKE THE VENTURE FUND SELF-SUSTAINING.

POTENTIAL FOR SIGNIFICANT FUTURE RETURNS ON INVESTMENT BACK TO CRI

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

Schedule O (Form 990 or 990-EZ) 2019

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

Schedule O (Form 990 or 990-EZ) 2019

CANCER RESEARCH INSTITUTE

Name of the organization

HARNESS THE POWER OF THE IMMUNE SYSTEM TO DIAGNOSE, TREAT, AND CURE CANCER. CRI ALSO COORDINATES SCIENTIFIC, MEDICAL, AND PATIENT EDUCATION CONFERENCES ON THE SUBJECTS OF IMMUNOLOGY AND IMMUNOTHERAPY, AND DISSEMINATES INFORMATION ABOUT ADVANCES IN TUMOR IMMUNOTHERAPY TO THE MEDIA, PUBLIC, AND MEDICAL AND SCIENTIFIC COMMUNITIES.

ATTACHMENT 2

ATTACHMENT 3

305168

Schedule O (Form 990 or 990-EZ) 2019 Name of the organization

CANCER RESEARCH INSTITUTE

Employer identification number 13-1837442 ATTACHMENT 3 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 4

IND. CONTRACTORS
CRIPTION OF SERVICES COMPENSATION
BLIC RELATIONS 118,851.
JESTMENT MANAGER 446,545.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-1837442

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

CANCER RESEARCH INSTITUTE

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr ent	<b>3)</b> 12(b)(13) folled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) nortionate ntions?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General or managing partner?		General or managing		General or managing		General or managing		General or managing		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No									
(1) CANCER VACCINE ACCELERATION CO																				
605 THIRD AVENUE, 32ND FLOOR N	RESEARCH	DE	CRI					x		х		50.0000								
(2)	-																			
(3)	_																			
(4)	-																			
(5)	-																			
(6)	-																			
(7)	_																			

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

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

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Pari	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
					1c		Х
					1d		Х
					1e		X
f	Dividends from related organization(s)				1f		
g					1g		Х
					1h		Х
i					1i		Х
i					1j		Х
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
					11		Х
					1m		Х
							Х
	Gif, grant, or capital contribution from related organization(s).       1c         Loans or loan guarantees to rolated organization(s).       1d         Loans or loan guarantees by related organization(s).       1e         Dividends from related organization(s).       1f         Sale of assets from related organization(s).       1f         Exchange of assets from related organization(s).       1i         Lease of facilities, equipment, or other assets from related organization(s).       1i         Lease of facilities, equipment, or other assets from related organization(s).       1i         Performance of services or membership or fundraising solicitations for related organization(s).       1i         Performance of services or membership or fundraising solicitations for related organization(s).       1in         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       1in         Nembursement paid to related organization(s)       1in         In       1in         In       1in         In       1in         If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations) and transaction thresholds.       1in         If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.       1in </td <td></td> <td>Х</td>			Х			
0							
n	Reimbursement haid to related organization(s) for expenses				1p		Х
-							Х
ч					- 4		
-	Other transfer of each or property to related ergenization( $c$ )				1r		Х
י פ	Other transfer of cash or property from related organization(s)						Х
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete t	this line, including cove	red relationships and transac	ction thre		S.	
	•					<u> </u>	
	Name of related organization	Transaction			of dete		g
		type (a-s)		amou	int invo	olved	
(1)							
(-)							
(2)							
(-/							
(3)							
(0)							
(4)							
( .)							
(5)							
(9)							
(6)							
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	 from tax under	501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop alloc	ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
	_											
												1
	_											
												+
												+
												<u> </u>
		(state or foreign country)	(state or foreign country)         Income (related, from tax under sections 512-514)	(state or foreign country)     inrelated, solution inrelated, solution sections 512-514)     Solution organic sections 512-514)       Image: section	(state or foreign country)         income (related, sections 512-514)         section 501(c)(3) organizations?	Income (resign country)     income (resided, from tax under sections 312-314)     sections organizations; Yes     Iotal income       Income (resided, from tax under sections 312-314)     Solutions; Yes     Iotal income       Income (resided, from tax under sections 312-314)     Solutions; Yes     Iotal income       Income (resided, from tax under sections 312-314)     Income (resided, organizations; Yes     Solutions; Yes       Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Iotal Income       Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Iotal Income       Income (resided, from tax under sections 312-314)       Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)       Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)       Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)     Income (resided, from tax under sections 312-314)       Income (resided, from tax under sections 312-314)     Income (resided, from tax	(state or breign county)       income (related income	(state or foreign county)     (income (related, unrelated, sections 512-514)     (total income assection genetication)     (total income assection)     (total income a	Install or foreign oountry sections 512-314         Incluit noome (related, sections 512-314)         Incluit noome (	Income (related or lay wilds) country or lay wilds)       Income (related) preparative/ relations 512-514)       Income (related) relations 512-514)       Income (relative) relations 512-514)	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

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 Part VII
 Supplemental Information

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