Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Form 9

► Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

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AF	or th	e 2020 calendar year, or tax year	beginning 07/01,	2020,	and en	ding		06/3	0 ,20	21	
_		C Name of organization					D Employer ide	entificatio	n numb	er	
Bc	heck if ap	CANCER RESEARCH IN	STITUTE								
	Addre						13-1837	442			
	1 1		mail is not delivered to street address)	F	Room/sui	te	E Telephone n	umber			
	Initial	return 29 BROADWAY 4TH FL					(212) 68	8-751	5		
	Termi	City or town, state or province, cou	untry, and ZIP or foreign postal code								
	Amen						G Gross receip	ts \$	49,8	350,	040.
	Applic pendi	^{cation} F Name and address of principal offic	er: JILL O'DONNELL-TO	ORME	Y		H(a) Is this a grou		· 🗌 '	Yes	X No
	_ pend		, NEW YORK, NY 10006				subordinates H(b) Are all subord		1? • •	Yes	No
I	Tax-ex	empt status: X 501(c)(3) 501	(c) () ◀ (insert no.) 4947	(a)(1) or	r 🗌	527	If "No," attac			ons)	
J	Websi	te: WWW.CANCERRESEARCH.C		<u> </u>		-	H(c) Group exem	otion numbe	er 🕨		
к	Form o	of organization: X Corporation Trust	Association Other		L Ye	ar of forma	tion: 1953 M			icile:	NY
-	art I	Summary							5		
		Briefly describe the organization's miss	sion or most significant activities. TH	E CAI	NCER	RESEAR	CH INSTIT	UTE ' S	MISS	SION	1
ė	-	IS TO SAVE MORE LIVES B									
anc		POWERFUL IMMUNOTHERAPIE									
ern	2	Check this box ▶ if the organiza	tion discontinued its operations or di	lisnosed	l of more	 than 25%	of its net asset				
Governance		Number of voting members of the gove	•	•				3			36.
		Number of independent voting member						4			36.
ies		Total number of individuals employed i						5			34.
Activities &		Total number of volunteers (estimate if r						6			340.
Act		Total unrelated business revenue from F	Part VIII, column (C), line 12	• • • •				7a		7	,073
		Net unrelated business taxable income						7b			,490
							Prior Year		Curre	nt Ye	ar
	8	Contributions and grants (Part VIII, line	1h)			_	35,256,70	9.	32,	869	,987
nue		Program service revenue (Part VIII, line	2a)	COPY				0.			0
Revenue		Investment income (Part VIII, column (A		BLIC INS	SPECTIC		1,947,40	7.	3,	074	,133
Å		Other revenue (Part VIII, column (A), lir					19,34		- 1		,575
		Total revenue - add lines 8 through 11					37,223,45		35,		,695
		Grants and similar amounts paid (Part I)					30,344,12				,467
		Benefits paid to or for members (Part IX						0.			0
6		Salaries, other compensation, employed					4,717,35	2.	4,	975	,421
Expenses						••		0.			0
ber	b	Professional fundraising fees (Part IX, c Total fundraising expenses (Part IX, colu	$(D) \lim_{n \to \infty} (2,945)$,732.		••					
ŵ		Other expenses (Part IX, column (A), lin				-	3,435,08	6.	3,	906	,089
		Total expenses. Add lines 13-17 (must				••	38,496,56				,977
	19	Revenue less expenses. Subtract line 1				••	-1,273,10		-		,282
Net Assets or Fund Balances							ning of Current	'ear	End o	of Year	
lanc	20	Total assets (Part X, line 16)				1	L26,564,19	6.	146,	547	,886
Ass I Ba	21	Total liabilities (Part X, line 26)				••	66,229,59	5.			,251
Net	22	Net assets or fund balances. Subtract I					60,334,60				,635
	rt II	Signature Block									
Und	der per	nalties of perjury, I declare that I have examined	ned this return, including accompanying	schedule	es and st	atements, a	and to the best of	my know	/ledge a	nd be	lief, it is
true	e, corre	ect, and complete. Declaration of preparer (oth	er than officer) is based on all information	of which	h prepare	r has any k	nowledge.				
Sig	n	Signature of officer					Date				
He	re										
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN			
Paic		CANDICE METH					self-employ		13068	391	
	barer	Firm's name EISNER ADVISO	DRY GROUP LLC				Firm's EIN	87-13			
Use	Only		NUE NEW YORK, NY 10017	7-270)3			212-9-			
May	the II	RS discuss this return with the preparer	abour abour? (and instructions)						X Yes		No
For	Pape	rwork Reduction Act Notice, see the se						· · · L			(2020)

(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.	Т	axpayer identification nur	nber (TIN	۷)
print	CANCER RESEARCH INSTITUTE			13-1837442	0 1 Return Code 07 08 09 10 11 12 	
File by the due date for filing your return. See Number, street, and room or suite no. If a P.O. box, see instructions. 29 BROADWAY 4TH File by the due date for filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
		,				
	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 Re	eturn Code for the return that this application	is for (file	a separate application for	each return)		01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation	ו)		07
Form 990-B	L	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than	individual)		09
Form 990-P	·	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
	ALFRED MASSIDAS					
 If the org. If this is for the whole a list with the theorem of theorem of the theorem of theoremos of the theorem of theorem of the theoremode of theoremode of	e No. \blacktriangleright 212 688-7515 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box \blacktriangleright \Box . I e names and TINs of all members the extens est an automatic 6-month extension of time u organization named above. The extension is	business ir ur digit Gro f it is for pa ion is for. ntil	bup Exemption Number (G art of the group, check this 05/16_, 20 22	this box	If	f this is attach
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					_·
	application is for Forms 990-BL, 990-PF, 9	90-T 4720) or 6069 enter the te	ntative tax less any		
	undable credits. See instructions.		,	-	3a \$	0.
	application is for Forms 990-PF, 990-T,	4720 o	r 6069, enter anv refu			
	ted tax payments made. Include any prior yea		-		3b \$	0.
	e due. Subtract line 3b from line 3a. Include				<u>•</u>	
	onic Federal Tax Payment System). See instru				3c \$	0.
	u are going to make an electronic funds withdrawa		it) with this Form 8868, see			O for payment
instructions.	-					
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.		ļ	Form 88	68 (Rev. 1-2020)

CANCER 1	RESEARCH	INSTITUTE
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	m 990 (2020)	Page 2
Pa	art III Statement of Program Service Accomplishments	V
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	. X
•	ATTACHMENT 1	
2		37
	prior Form 990 or 990-EZ?	X No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	5 15 1 5 5 7	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
4-	(Order) (Devenue &	
4a	(Code:) (Expenses \$10,587,793. including grants of \$10,587,793.) (Revenue \$) ATTACHMENT 2	
	ATTACHMENT Z	
4b	(Code:) (Expenses \$ 7,500,000. including grants of \$ 7,500,000.) (Revenue \$))
	THE LLOYD J. OLD STAR PROGRAM, LAUNCHED IN 2019, PROVIDES GRANTS	
	OF \$1.25 MILLION OVER 5 YEARS TO MID-CAREER SCIENTISTS. THIS	
	LONG-TERM FUNDING IS NOT TIED TO A SPECIFIC RESEARCH PROJECT, BUT	
	RATHER AIMS TO PROVIDE A DEGREE OF FLEXIBILITY AND FREEDOM FOR INVESTIGATORS TO EXPLORE OUT-OF-THE-BOX AND DISRUPTIVE AVENUES OF	
	RESEARCH. CANDIDATES SELECTED FOR THIS AWARD ARE EXPECTED TO BE	
	FUTURE "STARS" IN THE FIELD OF CANCER IMMUNOLOGY: SCIENTISTS	
	TAKING RISKS.	
4c	(Code:) (Expenses \$5,670,500. including grants of \$5,670,500.) (Revenue \$)	
	ATTACHMENT 3	
<u>44</u>	Other program services (Describe on Schedule O.)	
-tu	(Expenses \$ 7,898,859. including grants of \$ 4,499,174.)(Revenue \$)	
4e	Total program service expenses \blacktriangleright 31,657,152.	
JSA		0 (2020)
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Form 990 (2020)

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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		Х
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		Х
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	-		
Ŭ	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,	0		
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		- 25
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8		
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			37
	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,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If "Yes," complete Schedule G, Part I</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	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19		19		x
20-	If "Yes," complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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 acyclic ac	24	Х	ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		L

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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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	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			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	Х	
25 0	or IV, and Part V, line 1	34	A	X
		35a		- 22
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
26		350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	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	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		50	23	L
ı arı	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030				(2020)
001030	1.000			,

Form	990 (2020)		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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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).			
а	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:			
а	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? 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** (2020)

Form 9	990 (202)	D) CANCER RESEARCH INSTITUTE 13-	-1837442	F	Page 6
Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedu Check if Schedule O contains a response or note to any line in this Part VI	le O. See II	nstruc	TIONS.
Sect		Governing Body and Management	<u></u>		Δ
0001				Yes	No
19	Enter	the number of voting members of the governing body at the end of the tax year	36		
Ia	If ther	e are material differences in voting rights among members of the governing body, or			
	if the	governing body delegated broad authority to an executive committee or similar ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent 1b	36		
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship	with		
		her officer, director, trustee, or key employee?			Х
3	Did th	e organization delegate control over management duties customarily performed by or under the d	irect		
		vision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5		e organization become aware during the year of a significant diversion of the organization's assets?			X
6		e organization have members or stockholders?			X
7a		e organization have members, stockholders, or other persons who had the power to elect or app			x
		more members of the governing body?			
b		ny governance decisions of the organization reserved to (or subject to approval by) meml			x
•		nolders, or persons other than the governing body?	••		
8		e organization contemporaneously document the meetings held or written actions undertaken du	ining		
а	-	ar by the following: overning body?	8a	x	
a b		committee with authority to act on behalf of the governing body?	••	Х	<u> </u>
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.			Х
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	e.)	
				Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
b	If "Yes	s," did the organization have written policies and procedures governing the activities of such chap			
		es, and branches to ensure their operations are consistent with the organization's exempt purposes? ${\boldsymbol .}$		37	<u> </u>
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?. 11a	X	
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990.	12-	x	
12a		e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		A	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could	•	x	
_		conflicts?	••		<u> </u>
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "	4.0.1	x	
13		be in Schedule O how this was done	••	X	<u> </u>
14		e organization have a written document retention and destruction policy?	••	X	<u> </u>
15		e process for determining compensation of the following persons include a review and approva			
10		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	-		
а	•	rganization's CEO, Executive Director, or top management official		Х	
b		officers or key employees of the organization		Х	
		" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent		
	with a	taxable entity during the year?	. <u> 16a</u>	X	
b		s," did the organization follow a written policy or procedure requiring the organization to evaluat			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		37	
Cast		zation's exempt status with respect to such arrangements?	16b	X	
		Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed \blacktriangleright ATTACHMENT 4	000 T (0	tien -	04/->
18	(3)s or	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and nly) available for public inspection. Indicate how you made these available. Check all that apply.	990-1 (Sec	tion 5	501(C)
		Dwn website Another's website X Upon request Other (explain on Schedule O)			
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of into	rost -	oliov
13		nancial statements available to the public during the tax year.	mot of fille	iest þ	Joney,
20			records b		
	ALFRED	the name, address, and telephone number of the person who possesses the organization's books and MASSIDAS 29 BROADWAY 4TH FL NEW YORK, NY 10006 212-688-7515			
ISA			Form	990	(2020)

Page 7 Highest Componented Employed

Part VII	Compensation Independent Co		-	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule	e O (contains a r	esponse or n	ote to any line	e in this	s Part VII				
Section A	. Officers. Direc	tors	s. Trustees	s. Kev Empl	ovees. and	Highe	est Compensa	ated Empl	ovees		

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)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average	(do r	not cł			e than c	one	Reportable	(-) Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week	office	er and	d a d	lirect	or/trust	ee)	from the	from related	compensation
	(list any	or	Ins	Of	Ke	em	Fo	organization	organizations	from the
	hours for related	Individual trustee or director	stitut	Officer	Key employee	ghes	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	ual t	iona		oldt	lee o				rolatou organizationo
	below	rust	al tru		/ee	mpe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						led				
(1) JILL O'DONNELL-TORMEY, PHD	45.00									
CEO/DIR. OF SCIENTIFIC AFFAIRS	0.			Х				470,553.	0.	61,038.
(2) ALFRED R. MASSIDAS	40.00									
CFO/DIR. OF HUMAN RESOURCES	0.			Х				306,727.	0.	74,823.
(3)LYNNE A. RAPINO	40.00									
DIR.GRANT ADMIN/SPECIAL EVENTS	0.				Х			258,622.	0.	72,265.
(4) VANESSA LUCEY	40.00									
DIRECTOR OF CVF & ACCELERATOR	0.				Х			229,051.	0.	51,280.
(5) SHARON S. SLADE	40.00									
DIR. OF STRATEGIC INITIATIVES	0.				Х			224,240.	0.	50,671.
(6) BRIAN M. BREWER	40.00									
DIR. OF MKTG & COMMUNICATIONS	0.				Х			182,656.	0.	50,909.
(7) RUPINDER KAUR	40.00									
SR. MANAGER OPS. & GIVING	0.					Х		148,604.	0.	60,753.
(8)QING HUA ZHANG	40.00									
CONTROLLER	0.					Х		126,578.	0.	44,962.
(9) DEANNE T. MARBACH	40.00									
DIRECTOR OF MAJOR GIFTS	0.					Х		125,975.	0.	44,851.
(10) MARLA A. LAWSON	40.00									
ASSOC DIR CORP & FDN RELATIONS	0.					Х		112,611.	0.	43,498.
(11) SHASELL NEGRON	40.00									
COMMUNITY FUNDRAISING MANAGER	0.					Х		102,342.	0.	38,146.
(12) PAUL C. SHIVERICK	4.00									
CO-CHAIRMAN	0.	Х		Х				0.	0.	0.
(13) ANDREW K. TSAI	4.00									
CO-CHAIRMAN	0.	Х		Х				0.	0.	0.
(14) JOHN B. FITZGIBBONS	2.00									
VICE CHAIRMAN	0.	X		Х				0.	0.	0.

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	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than of is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation
		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)	from the organization and related organizations
5)	EDGAR R. BERNER VICE CHAIRMAN	3.00	X		x				0.	0.	
6)	DONALD J. GOGEL	3.00			- 21						
	VICE CHAIRMAN	0.	X		Х				0	0.	
	JACQUES C. NORDEMAN VICE CHAIRMAN	1.00	x		х				0	0.	
8)	ANDREW M. PAUL	3.00									
0 \	VICE CHAIRMAN	0.	X		Х				0	0.	
9)	GEOFFREY O. COLEY TREASURER		x		x				0	0.	
0)	THOMAS G. MENDELL	1.00									
	SECRETARY	0.	X		Х				0.	0.	
1)	TONY ALVAREZ II TRUSTEE	.50	x						0	0.	
2)	YACOV ARNOPOLIN	2.00									
	TRUSTEE	0.	Х						0.	. 0.	
3)	KAMINI BANGA	.50	v								
(4)	TRUSTEE PETER L. BLOOM	0.	X						0.	0.	
	TRUSTEE	0.	х						0.	0.	
5)	BRIAN J. BRILLE	1.00									
	TRUSTEE	0.	Х						0.	0.	
	Sub-total Total from continuation sheets to Part VII,	Saction A		• •	• •	• •			2,287,959.	0	, -
	Total (add lines 1b and 1c)	-		•••	•••	•••			2,287,959.	0	
	Total number of individuals (including but no reportable compensation from the organization Did the organization list any former offi employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>	on ► cer, directo	11 or, or	tru	uste	e,	key e	mp	loyee, or highes	t compensated	Yes N 3 2
	For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>	reater than	\$15	50,0 •	00?	. If	"Yes	," (complete Schedu	le J for such	4 X
	Did any person listed on line 1a receive o for services rendered to the organization? If "										5 2
	ction B. Independent Contractors						hun - 1			Ab	- 4
1	Complete this table for your five highest cor compensation from the organization. Report year.										
	(A) Name and business ad	ldress							(B) Description of se	rvices	(C) Compensation
AТ	TACHMENT 5								-		
								1			

(A)		(B)			(C	3			(D)	(E)	(F)
(م) Name and title		Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Posi neck i s per l a di	tion more son	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) W. ROBERT DAHL		1.00					ted				
TRUSTEE		0.	x						0	. 0.	
27) GLENN J. DESIMONE		1.50			_						
TRUSTEE		0.	x						0	. 0.	
28) SEAN P. FAHEY		1.00	- 25		_				0		
TRUSTEE		0.	x						0	. 0.	
29) MARGOT E. FREEDMAN		.50							0	. 0.	
TRUSTEE		0.	x						0	. 0.	
30) OLIVER R. GRACE JR		2.00			_				0	. 0.	
			v						0	. 0.	
TRUSTEE	TT 7 N/	0.	X		_				0	. 0.	
31) SANDRA COUDERT GRA	.HAM 	.50							0	0	
TRUSTEE		0.	X						0	. 0.	
32) MICHAEL M. KELLEN		2.00									
TRUSTEE		0.	X						0	. 0.	
3) MITRA LOHRASBPOUR		4.00									
TRUSTEE		0.	X						0	. 0.	
34) ALEXANDER P. LYNCH		.50									
TRUSTEE		0.	Х						0	. 0.	
35) DANA MAIMAN		2.00									
TRUSTEE		0.	Х						0	. 0.	
6) ALEX MISHUROV		.50									
TRUSTEE		0.	Х						0	. 0.	
1b Sub-total								►	0.	0.	
c Total from continuation sh	eets to Part VII. Se	ection A				• •					
d Total (add lines 1b and 1c)											
2 Total number of individuals							e) who	, re	ceived more than	\$100,000 of	
reportable compensation fr			11				,			+ ,	
· · ·	<u> </u>										Yes N
3 Did the organization list	any former office	or diracta	r or	tru	otor	. .		mn	lovoo or highos	t	
3 Did the organization list employee on line 1a? If "Ye											3 2
4 For any individual listed of											
organization and related											4 X
individual			• • •	• • •							4 X
5 Did any person listed on					~						

1 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) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization \blacktriangleright		

Part VII Section A. Officers, Directors, Tr (A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	Po not cheo unless p er and a	osition k mor berson direc	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
7) MICHAEL J. PETRICK	.50								
TRUSTEE	0.	Х					0.	0.	
3) LIEF D. ROSENBLATT	.50								
TRUSTEE	0.	Х					0.	0.	
9) FRANK V.SICA	.50								
TRUSTEE	0.	Х					0.	0.	
)) JAMES A. STERN	1.00								
TRUSTEE	0.	Х					0.	0.	
L) ROBERT S. STOLAR	1.00								
TRUSTEE	0.	Х					0.	0.	
2) MICHAEL B. TARGOFF	1.00								
TRUSTEE	0.	X					0	0.	
3) DIANE TUFT	1.00								
TRUSTEE	0.	X					0	0.	
4) HEIDI J. UEBERROTH	.50								
TRUSTEE (THRU MARCH 2021)	0.	х					0.	0.	
5) LAUREN S.VERONIS	2.00								
TRUSTEE	0.	X					0	0.	
5) RONALD G. WEINER	1.00								
TRUSTEE	0.	х					0	0.	
7) JIM WESIS	1.00								
TRUSTEE	0.	х					0	0.	
b Sub-total							0.	0.	(
c Total from continuation sheets to Part VII, S	Section A			•••					
d Total (add lines 1b and 1c)						•			
Total number of individuals (including but not				abov	e) who	o re	ceived more than	\$100.000 of	
reportable compensation from the organizatio		11			,			,	
· · · ·									Yes N
Did the organization list any former office employee on line 1a? If "Yes," complete Scher									3 2
For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	ortab \$15	le cor 0,000	nper ? <i>l</i> i	nsation f "Yes	n ai s," (nd other compens complete Schedu	sation from the <i>le J for such</i>	
individual									4 X
Did any person listed on line 1a receive or	accrue col	mnen	eation	fror	n anv	un	related organization	on or individual	

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) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

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Form 990 (2020)	voto o Ka						La			(<i></i>		ige 8
Part VII Section A. Officers, Directors, Tru		ey ⊨n	рю			and F	ligi	-		ees (d			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportatio compensatio related organizatio	n from	Esti amo o	(F) mated ount of ther ensatior	٦
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-1		orga and	m the nization related nizations	i
8) PETER ZHOU	2.00					<u>a</u>							
TRUSTEE	0.	x						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				•••			0.		0.			0.
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000 o	f			
3 Did the organization list any former offic													No
 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations groups 	sum of rep	oortab	le c	com	pen	satior	n ai	nd other compen	sation from	the	3		X
 5 Did any person listed on line 1a receive or 			• •		• •						4	X	
for services rendered to the organization? If "Ye											5		Х
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report or year. 													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensa	ation	
2 Total number of independent contractors (in more than \$100,000 in compensation from th				niteo	d to	thos	ie li	isted above) who	received				

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CANCER RESEARCH INSTITUTE Part VIII Statement of Revenue

Г

		Check if Schedule O c	ontains a re	espor	ise or note to an	y line in this Part V	/		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns		1a	580,051.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
ΰĔ	c	Fundraising events		1c	1,141,548.				
fts,	d	Related organizations		1d					
ila	e	Government grants (contrib		1e					
ns, Sim	f	All other contributions, gifts,	Ý 🗖	10					
ër (•	and similar amounts not include		1f	31,148,388.				
the		Noncash contributions inclu			51,140,500.				
1 T O	g	lines 1a-1f		1	\$ 89,645.				
and	h	Total. Add lines 1a-1f	_			32,869,987.			
	h				Business Code	52,009,907.			
e					Dusilless Code				
, vic	2a								
Ser	b								
εŇ	С								
gra Re	d								
Program Service Revenue	е								
ш.	f	All other program service re				0.			
	g	Total. Add lines 2a-2f				0.			
	3	Investment income (inclu	U	,	·	255,844.		-300.	256,144.
		other similar amounts)				0.		500.	250,111.
	4 5	Income from investment of Royalties				0.			
			(i) Rea		(ii) Personal	0.			
	•	One and the second second		,731.					
	6a	Gross rents 6a							
	b	Less: rental expenses 6b		,750.					
	с	Rental income or (loss) 6c		981.		17 001			17 001
	d	Net rental income or (loss)	(i) Securit		(ii) Other	17,981.			17,981.
	7a	Gross amount from		103					
		sales of assets	16 546	004					
		other than inventory 7a	16,546,	004.					
Revenue	b	Less: cost or other basis	13,728,	FOF					
ver		and sales expenses 7b							
Re		Gain or (loss) 7c	2,818,	,289.		2,818,289.		7,373.	2,810,916.
ler	a	č	[•••••	2,010,209.		1,373.	2,010,910.
Other	8a		fundraising						
		events (not including ϕ	1,141,548.						
		of contributions reported		0	0.				
		1c). See Part IV, line 18		8a 8b	0.				
	b C	Less: direct expenses Net income or (loss) from fu				0.			
			-	i ci ilo i					
	9a	Gross income from activities. See Part IV, line 19	gaming o	9a	0.				
				9b	0.				
	b c	Less: direct expenses Net income or (loss) from g				0.			
	10a	Gross sales of invent							
	TUa	returns and allowances		10a	0.				
	b	Less: cost of goods sold		10b	0.				
	C D	Net income or (loss) from sa				0.			
s		. ,			Business Code				
e sou	11a	MISCELLANEOUS			900099	25,594.	25,594.		
ane	b								
eve	c								
Miscellaneous Revenue	d	All other revenue							
2	е	Total. Add lines 11a-11d	<u></u> .	<u></u> .	· · · · · · · •	25,594.			
	12	Total revenue. See instruction	ons			35,987,695.	25,594.	7,073.	3,085,041.

Part IX Statement of Functional Expenses	6			
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a resp		e in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	01 500 070	01 500 050		
and domestic governments. See Part IV, line 21	21,530,973.	21,530,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,726,494.	6,726,494.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	1,908,851.	764,487.	407,190.	737,17
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	2,112,287.	851,070.	449,239.	811,97
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	162,679.	62,275.	36,767.	63,63
9 Other employee benefits	564,009.	221,708.	118,417.	223,88
0 Payroll taxes	227,595.	94,641.	46,472.	86,48
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	75,323.	60,750.	14,573.	
c Accounting	87,720.		87,720.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	1,025,680.		1,025,680.	
g Other. (If line 11g amount exceeds 10% of line 25, column	1,103,867.	744,955.	26,883.	332,02
(A) amount, list line 11g expenses on Schedule O.)	416,569.	176,806.	25.	239,73
2 Advertising and promotion	345,057.	118,779.	49,624.	176,65
3 Office expenses	0.	11077791	19,0211	1,0,03
4 Information technology	0.			
5 Royalties	455,550.	191,736.	104,777.	159,03
6 Occupancy	9,301.	191,750.	9,301.	10,00
7 Travel	9,301.		5,301.	
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
0 Interest	0.			
1 Payments to affiliates	42,814.	17,125.	9,420.	16 26
2 Depreciation, depletion, and amortization		11,125.		16,26
3 Insurance	55,832.		55,832.	
4 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.)	0.01 0.51		40.500	
a EQUIPMENT RENTAL & MAINTENAN	221,971.	79,483.	48,523.	93,96
bOTHER EXPENSES AND FEES	45,718.	15,870.	24,963.	4,88
cFILING FEE	20,687.		20,687.	
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	37,138,977.	31,657,152.	2,536,093.	2,945,73
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundations of light the cost of the set o				
fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)				
	0.			

0.

following SOP 98-2 (ASC 958-720)

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Form **990** (2020)

	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	29,216,359.	1	32,489,29
2	Savings and temporary cash investments.	4,042,328.	2	1,992,53
3	Pledges and grants receivable, net	38,164,724.	3	38,016,14
4	Accounts receivable, net	233,807.	4	109,93
5	Loans and other receivables from 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	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	398,680.	9	418,51
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 616, 331.			
b	Less: accumulated depreciation	162,580.	10c	144,87
11	Investments - publicly traded securities	12,885,020.	11	17,171,47
12	Investments - other securities. See Part IV, line 11	41,460,698.	12	56,205,11
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	126,564,196.	16	146,547,88
17	Accounts payable and accrued expenses	612,812.	17	1,010,10
18	Grants payable	64,875,092.	18	70,340,45
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	710,150.	24	710,15
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	31,541.	25	31,54
26	Total liabilities. Add lines 17 through 25	66,229,595.	26	72,092,25
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	36,053,253.	27	48,911,94
28	Net assets with donor restrictions	24,281,348.	28	25,543,69
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		-	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	60,334,601.	32	74,455,63
33	Total liabilities and net assets/fund balances	126,564,196.	33	146,547,88

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Form 9	90 (2020)			Pag	je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,9	87,6	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2		.38,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		51,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		34,6	
5	Net unrealized gains (losses) on investments	5	14,2	77,9	59.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9	94,3	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	74,4	55,6	35.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain 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 cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth 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 und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		

Form **990** (2020)

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

		enue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Name	of the	organization						Employer identifi	cation number
CAN	CER		INSTITUTI					13-18374	
Part				·	organizations must			•	S.
The c	<u> </u>		•		is: (For lines 1 throug		-	,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-	-	rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_ r		•	ne, city, and st						
5		•	•		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
o [omplete Part II.)					
6				•	rnmental unit describe		•		
7		-		-	-	ipport in	om a go	vernmental unit or tro	om the general public
o [(1)(A)(vi). (Compl					
8 9		-			b)(1)(A)(vi). (Complete	-		Lin conjunction with a	land grant collage
9		-			ed in section 170(b)(1 griculture (see instruct		-	-	
		iniversity:		grant college of a		10115). E		name, city, and state o	r the college of
10 [11 [r s a	eceipts from support from g acquired by th	activities rela gross investm le organizatio	ted to its exempt f ent income and u n after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
12	A	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
	0	of one or mor	e publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the 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 supporte	ed organizatio	n(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting o	organization. Y	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A su	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	anagement o	f the supporting o	organization vested in	the sam	e person	is that control or man	age the supported
		organization	(s). You mus t	complete Part IV	, Sections A and C.				
С		Type III fund	ctionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
			-		ns). You must comple				
d			-		porting organization c	-			
			-		nization generally mus	-		-	d an attentiveness
			-		omplete Part IV, Sect				
е			•		a written determinatio				II, Type III
	-				ionally integrated sup		organizat	ion.	
					orted organization(s).				•••••
		ne of supported of		(ii) EIN	(iii) Type of organization	(ind) in the	organization	(v) Amount of monetary	(vi) Amount of
(i) Nali	ne of supported t	Jiganization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(0)									
(C)									
(D)									
(D)									
(E)									
Total									
For Pa	perw	ork Reduction A	ct Notice. see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,009,614.	23,657,555.	40,376,590.	35,256,709.	32,869,987.	154,170,455.
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	22,009,614.	23,657,555.	40,376,590.	35,256,709.	32,869,987.	154,170,455.
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						40,100,040
c	shown on line 11, column (f)						42,188,940.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						111,981,515.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		22,009,614.	23,657,555.	40,376,590.	35,256,709.	32,869,987.	154,170,455.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	284,686.	321,264.	441,074.	621,444.	274,125.	1,942,593.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				465.	7,073.	7,538.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	91,215.	40,026.	142,978.	1,154.	25,594.	300,967.
11	Total support. Add lines 7 through 10						156,421,553.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percentag	ge				
14	Public support percentage for 2020 (lin		•			14	71.59%
15	Public support percentage from 2019					15	65.24 %
16a	331/3% support test - 2020. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	
	Part VI how the organization meets			-			
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			•	•		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

-

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) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>				<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge			I	
15	Public support percentage for 2020 (line 8,	.,	•			15	%
16	Public support percentage from 2019 Schee					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin	•				17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	ganization did n	ot check the bo	x on line 14, ar	nd line 15 is mo	ore than 331/3%	and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly su	ipported organiza	tion 💶 🕨 📃
b	331/3% support tests - 2019. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization d	id not check a	box on line 14	4, 19a, or 19b,	check this box	and see instruc	tions 🕨 📃
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 10b | Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck 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 line 3 below.			
с		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	uction	s).
2	Activ	rities Test. Answer lines 2a and 2b below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

13-1837442

1

2

305168

Page 6

1 [Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	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		
ç	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property neld for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 /	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
	Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b/	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еГ	Discount claimed for blockage or other factors (<i>explain in detail in Part VI)</i> :	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
6 [Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
 b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
			_ · ·		. /=

Schedule A (Form 990 or 990-EZ) 2020

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 \$25,594, \$1,154, \$142,978,

 $40\,,026\,,$ and $91\,,215$ for the fiscal-years ended june 30, 2021, 2020,

2019, 2018, AND 2017, 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

2020

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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 99	0-EZ, or 990-F	PF) (2020)	
Name of organization	CANCER	RESEARCH	INSTITUTE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$5,860,432.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$2,725,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$959,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$875,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020)

Part II

(a) No.

from

Part I

(a) No.

from

Part I

(a) No.

from

Name 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. (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (d) (b) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$_ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.)

Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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ame or o	rganization CANCER RESEARCH INSTITU	ITE	Employer identification number
			13-1837442
art III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	he year from any one contribute ns completing Part III, enter the to year. (Enter this information once	or. Complete columns (a) through (e) a total of <i>exclusively</i> religious, charitable, e
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is he		

		(e) Transfer of gift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
—		[
(a) No. from Part I			
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift
Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee

(a) No. from Part I

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SCHEE	DULE D
(Form	990)

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

2020

OMB No. 1545-0047

Department of the Tr	easury		Attach to Form 99				Open to	
Internal Revenue Ser		Go to www.irs.gov	Form990 for instruction	s and the latest info			Inspect	ion
Name of the organiz						er identificati		
CANCER RESE						-183744	2	
	-	s Maintaining Donor Adv			or Accour	nts.		
Col	mplete if th	ne organization answered						
			(a) Donor advi	ised funds	(b)	Funds and c	other accou	nts
1 Total numb	per at end of	year						
2 Aggregate	value of cor	ntributions to (during year)						
3 Aggregate	value of gra	ants from (during year)						
4 Aggregate	value at end	d of year						
5 Did the org	ganization ii	nform all donors and donor	advisors in writing th	nat the assets held	d in donor	advised		
funds are th	- he organizat	tion's property, subject to the	organization's exclusi	ive legal control?			Yes	No
	-	form all grantees, donors, a	-	-				
	-	poses and not for the bene						
•		ble private benefit?			•		Yes	No
		Easements.						
	mplete if th	ne organization answered	"Yes" on Form 990,	Part IV, line 7.				
		ation easements held by the						
· · ·		land for public use (for example		Preservation	n of a histo	prically imp	ortant land	l area
	ection of na		,	Preservation				
	ervation of o							
		ough 2d if the organization h	eld a qualified conserv	ation contribution	in the form	of a cons	ervation	
		lay of the tax year.				leid at the E		Fax Year
		rvation easements			2a			
	-	d by conservation easements			2b			
		on easements on a certified			2c			
		on easements included in (c						
		in the National Register			2d			
		on easements modified, tra	nsterred, released, ex	tinguished, or terr	ninated by	/ the orgai	nization d	uring the
tax year 🕨								
		re property subject to conse						
		n have a written policy reg						
		ment of the conservation ea					Yes	└── No
6 Staff and vo	olunteer hour	s devoted to monitoring, insp	ecting, handling of viola	ations, and enforcing	g conservat	tion easeme	nts during	the year
▶								
7 Amount of	expenses ir	curred in monitoring, inspec	ting, handling of violation	ons, and enforcing	conservati	on easeme	ents during	the year
►\$								
8 Does each	conservatio	n easement reported on line 2	2(d) above satisfy the re	equirements of sec	tion 170(h)(4)(B)(i)		
and section	n 170(h)(4)(E	3)(ii)?					Yes	No
		ow the organization reports					and	
balance sh	eet, and inc	lude, if applicable, the text o	of the footnote to the o	rganization's finan	cial statem	ents that d	escribes tl	ne
		ing for conservation easeme						
		s Maintaining Collections			er Simila	r Assets.		
Col	mplete if th	ne organization answered	"Yes" on Form 990,	Part IV, line 8.				
1a If the orga of art, hist service, pro	nization ele orical treas	cted, as permitted under FA ures, or other similar asse XIII the text of the footnote	SB ASC 958, not to t ts held for public ext to its financial stateme	report in its reven hibition, education ents that describes	ue statem , or resea these item	ent and ba arch in furf is.	alance she therance	eet works of public
b If the orga art, historic	nization ele cal treasures	cted, as permitted under F, s, or other similar assets he mounts relating to these iter	ASB ASC 958, to repo Id for public exhibitior	ort in its revenue	statement	and balar		
		on Form 990, Part VIII, line 1				▶ \$		
		Form 990, Part X						
		ceived or held works of a						
-		uired to be reported under F			400010 10	manual	gain, pro	
		Form 990, Part VIII, line 1.				▶ \$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
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Assets included in Form 990, Part X.

b

▶ \$

Schedule D (Form 990) 2020

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		ICER RESEARCH I	INSTITUT	Έ.					13-183	7442		_
Scheo	dule D (Form 990) 2020											'age 2
Ра	organizations Maintain	ing Collections of	Art, Histor	rical Tre	asures	s, or	Other	Similar A	ssets (c	ontinue	d)	
3	Using the organization's acquisition	on, accession, and c	other record	ds, check	c any o	f the	follow	ing that m	ake sign	ificant u	se o	of its
	collection items (check all that app	ly):										
а	Public exhibition	• /	d	Loan d	or excha	ande	program	n				
b												
c	Preservation for future gene	rations										
4	Provide a description of the orga		and evola	in how t	hav fur	thor	the or	nanization's	evennt	nurnos	a in	Part
-	XIII.				incy fui	unor		gamzations	cxempt	purpos	0 111	i art
5	During the year, did the organization	on colicit or roccivo d	lonations of	Fort bict	origal tr	0001		othor cimile	.r			
5										Yes		No
Do	assets to be sold to raise funds rat		ameu as par		Jiganiza	ation	scollet			Tes		NO
Pa	Art IV Escrow and Custodial A	•	o" on Form	<u>~ 000 г</u>)ort IV/	line	0	on orted or		t on Fo		
	Complete if the organiza	allon answered te	S ON FOIL	n 990, F	ran iv,	line	9, 0110	eponed ar	i amoun			
	990, Part X, line 21.											
1a	Is the organization an agent, trus			-					ets not	-		٦
	included on Form 990, Part X?								• • • L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the foll	owing tab	ole:							
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an an	ount on Form 990, I	Part X, line	21, for e	scrow of	or cu	stodial	account liat	oility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the ex	planation	has be	en pr	ovided	on Part XIII		 		1
	rt V Endowment Funds.											
	Complete if the organization	ation answered "Ye	es" on Forr	n 990, F	Part IV,	line	10.					
		(a) Current year	(b) Prior	-	(c) Tw			(d) Three ye	ars back	(e) Four	/ears l	back
10	Reginning of year balance	8,309,311.),942.	7,	939,	697.	7,487				728.
	Beginning of year balance	24,180.		L,700.		33,734.			,900.			300.
	Contributions	21/2001							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
С	Net investment earnings, gains,	2,552,303.	52,303. 297,442.			377,937. 668,73		731	,731. 890,		431	
	and losses	2,352,303.	271	,112.		511		000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 07	<u></u> .
	Grants or scholarships											
е	Other expenditures for facilities		010			1 - 0	100	044	104	-	0.2	200
	and programs		210),773.		150,	426.	244	,104.		93,	289.
f	Administrative expenses	10.005 504					0.1.0		605			1
g	End of year balance	10,885,794.	8,309	9,311.	8,	200,	942.	7,939	,697.	7,4	87,	170.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column	(a))	held as	:				
а	Board designated or quasi-endown	nent ▶ 54.5000	_%									
b	Permanent endowment 33.											
С	Term endowment ▶ 11.6000											
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.									
3a	Are there endowment funds not in	the possession of th	ne organizat	tion that	are hel	d and	l admir	istered for t	the	_		
	organization by:									`	/es	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relat									3b		
4	Describe in Part XIII the intended	0										
_	rt VI Land, Buildings, and Eq	uipment.										
	Complete if the organiz	ation answered "Ye	1									•
	Description of property	(a) Cost or (invest		(b) Cost o	or other ba ther)	asis		cumulated eciation	(d)	Book val	le	
1a	Land	· · · · · · · · · · · · · · · · · · ·		(0			acpi					
b	Buildings											
0	Leasehold improvements				91,56	59		33,231.		F	8 2	38.
ن بہ				5	524,76			38,230.				532.
d	Equipment				, z - I , / (50,250.		C	0,0	
	Other al. Add lines 1a through 1e. <i>(Columi</i>		n 000 Port	V colum	n (P) 1;	0 10	2)			1 /	4 0	370.
rota	a. Aud intes la tritough le. (Column	i (u) must equal Forn	n 990, Part .	\wedge , columi	ı (¤), Ill	ie 100			Cale - '	⊥4 Ile D (For		

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(D) (E) (F)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

1.

(1)

(2) (3) (4)(5) (6)(7)(8) (9) (c) Method of valuation:

Cost or end-of-year market value

(c) Method of valuation: Cost or end-of-year market value

FMV

FMV

FMV

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 (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) PRIVATE EQUITY FUNDS 23,286,093. (B) HEDGE FUNDS 12,349,796. (C) FUND-OF-FUNDS 20,569,227 (G) (H) 56,205,116. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Part VIII 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 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 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. (a) Description of liability Federal income taxes REFUNDABLE DEPOSIT 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 .

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►

(b) Book value

(b) Book value

31,541.

31,541.

CIMCON REDENICEN INDITION	CANCER	RESEARCH	INSTITUTE
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Schedu	le D (Form 990) 2020			Page 4
Part) .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			40.001.000
1	Total revenue, gains, and other support per audited financial statements		1	49,891,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	14 000 000		
а	Net unrealized gains (losses) on investments	14,277,959.		
b	Donated services and use of facilities 2b	589,448.		
С	Recoveries of prior year grants	62,274.		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	14,929,681.
3	Subtract line 2e from line 1		3	34,962,015.
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	1,025,680.		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c	1,025,680.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	35,987,695.
Part			rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	35,923,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	589,448.		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	589,448.
3	Subtract line 2e from line 1		3	35,333,877.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1,025,680.		
b	Other (Describe in Part XIII.)	779,420.		
c	Add lines 4a and 4b		4c	1,805,100.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		5	37,138,977.
-	XIII Supplemental Information.		-	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; P	art V,	line 4; Part X, line

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4 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 (Form 990) 2020

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

EARLY GRANT TERMINATIONS IN THE AMOUNT OF \$779,420, INCLUDED IN EXPENSES PER THE RETURN, BUT NOT INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS.

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SCHEDULE F	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990			
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization		Employer ider	tification number		
CANCER RESEARCH	CANCER RESEARCH INSTITUTE 13-1				
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on		
other assistance,	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?	eria used to			

- 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		55,669,248.
(2)	NORTH AMERICA	0.	0.	GRANTMAKING		3,070,219.
(3)	EUROPE	0.	0.	GRANTMAKING		3,480,775.
	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		175,500.
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					62,395,742.
	Totals (add lines 3a and 3b) perwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	62,395,742. F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			NORTH AMERICA	RESEARCH	351,000.	CHECK			
(2)			NORTH AMERICA	RESEARCH	2,320,319.	CHECK			
			EUROPE/ICELAND/GREENLAND	RESEARCH	1,250,000.	CHECK			
(3)									
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,250,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCG	200,000.	CHECK			
(6)			NORTH AMERICA	RESEARCH	200,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	199,796.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	199,235.	CHECK			
(9)			NORTH AMERICA	RESEARCH	198,900.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	196,244.	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	175,000.	CHECK			
(12)			EAST ASIA/PACIFIC	RESEARCH	175,500.	CHECK			
(13)									
(14)									
(15)									
(16)									

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

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

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

3 Enter total number of other organizations or entities

Page 2

CANCER RESEARCH INSTITUTE

Schedule F (Form 990) 2020

Part II

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12.

Schedule F (Form 990) 2020

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

Schedule F (Form 990) 2020

JSA

Page **3**

CANCER RESEARCH INSTITUTE

"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)

Sched	ule F (Form 990) 2020	-	Page 4
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? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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		

Schedule F (Form 990) 2020

X No

Yes

Page 5

Schedule F (Form 990) 2020

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			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ)		he organization answer organization entered n				19, or if the	2020
Department of the Treasury	Þa			or Form 99			Open to Public
Internal Revenue Service Name of the organization	G	to to www.irs.gov/Form	990 for Instr	uctions and	the latest information	Employer identificat	Inspection
CANCER RESEARCH	тмоттттт					13-1837442	
	g Activities. Comp	loto if the organi	zation or	worod "	Vos" on Form 00		
Form 990-	EZ filers are not re	equired to comple	te this pa	rt.			
1 Indicate whether	the organization rais	sed funds through a					
a Mail solicita	tions	е			non-government g		
b Internet and	email solicitations	f			government grant	S	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	olicitations						
b If "Yes," list the	tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		<u> </u>		L			
	which the organization			to solicit	contributions or	has been notified	d it is exempt from

Sch	edule	CANCER 9 G (Form 990 or 990-EZ) 2020	RESEARCH INSTITU	JTE	13-	-1837442 Page 2
Pa		,	aising event contribut	answered "Yes" on ions and gross incon	Form 990, Part IV, ne on Form 990-EZ,	line 18, or reported
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			THROUGH THE KIT (event type)	AWARDS DINNER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	432,200.	432,447.	276,901.	1,141,548.
Å	2	Less: Contributions	432,200.	432,447.	276,901.	1,141,548.
	3	Gross income (line 1 minus line 2)			0.	
	4	Cash prizes				
	5	Noncash prizes				
səsu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)	•••••	
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			reported more than
enue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				

es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
rect E	4 Rent/facility costs				
Ō	5 Other direct expenses				
	6 Volunteer labor	└── Yes %	Yes%	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Su				
٥	Enter the state(s) in which the ora:	nization conducts as	ming activitios:		

Enter the state(s) in which the organization conducts gaming activities: 9

		· /	0	0	<u> </u>			
а	Is the organizat	tion licensed to	o conduct gamii	ng activities in	each of these	e states?	Yes	No
b	If "No," explain:							

10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
	If "Yes," explain:	-	

Schedule G (Form 990 or 990-EZ) 2020

CANCER RESEARCH INSTITUTE	CANCER	RESEARCH	INSTITUTE
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	CANCER RESEARCH INSTITUTE	.3-183744	12	
Sched	dule G (Form 990 or 990-EZ) 2020			Page 3
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 entity	· · · ·		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	••••	103	
-		2-		0/
a	,			%
b		3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	records.			
	Name ►			
	Address ►			
15 0	Does the organization have a contract with a third party from whom the organization receives ga	mina		
IDa			Yes	No
			res	
D	If "Yes," enter the amount of gaming revenue received by the organization ► \$ are	na the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ			
	or spent in the organization's own exempt activities during the tax year > \$			
Part		ii) and (v).	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals ir	n the United	d States		2020
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
Dependence of the Treesum			► At	ttach to Form 990	•			Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization							Employer identifica	tion number
CANCER RESEARCH	INSTITUTE						13-18374	42
Part I General Ir	nformation on Grants an	d Assistance	e					
1 Does the organiz	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eliaibility for the arant	s or assistance. and	1
	eria used to award the grant			-	-			X Yes No
	IV the organization's procee							
	d Other Assistance to D					nlete if the organiz	ation answered "	Ves" on Form 990
	ne 21, for any recipient t		-					
Fait IV, III				1	•	•	leeueu.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA UNIVERSI	TY MEDICAL CENTER							
701 W. 168TH STRE	ET NEW YORK, NY 10032	13-5598093	501(C)(3)	351,000.				RESEARCH
(2) STANFORD UNIVERSI	ГҮ							
291 CAMPUS DRIVE	STANFORD, CA 94305	94-1156365	501(C)(3)	375,500.				RESEARCH
(3) UNIVERSITY OF CAL	IFORNIA, SAN FRANCISCO							
513 PARNASSUS AVE	SAN FRANCISCO, CA 94122	94-6036493	501(C)(3)	551,000.				RESEARCH
(4) MEMORIAL SLOAN KE	TTERING CANCER CENTER							
1275 YORK AVENUE	NEW YORK, NY 10065	13-1624182	501(C)(3)	1,021,386.				RESEARCH
(5) DANA-FARBER CANCE	R INSTITUTE							
450 BROOKLINE AVE	BOSTON, MA 02115	04-2263040	501(C)(3)	526,500.				RESEARCH
(6) ICAHN SCHOOL OF M	EDICINE AT MOUNT SINAI							
1425 MADISON AVEN	UE NEW YORK, NY 10029	13-6171197	501(C)(3)	575,499.				RESEARCH
(7) AMERICAN ASSOCIAT	ION FOR CANCER RESEARCH							
615 CHESTNUT STRE	ET, 16TH FLOOR	23-6251648	501(C)(3)	100,000.				RESEARCH
(8) YALE UNIVERSITY S	CHOOL OF MEDICINE							
PO BOX 208055 NEW	HAVEN, CT 06520-8055	06-0646973	501(C)(3)	641,500.				RESEARCH
(9) UNIVERSITY OF CAL	IFORNIA, SAN DIEGO	_						
9500 GILMAN DRIVE	LA JOLLA, CA 92093	95-6006144	501(C)(3)	400,000.				RESEARCH
(10) WASHINGTON UNIVER	SITY SCHOOL OF MEDICINE	_						
660 S EUCLID AVEN	UE ST. LOUIS, MO 63110	43-0653611	501(C)(3)	200,000.				RESEARCH
(11) BOSTON CHILDREN'S	HOSPITAL							
300 LONGWOOD AVEN	UE BOSTON, MA 02115	04-2774441	501(C)(3)	1,601,000.				RESEARCH
(12) PARKER INSTITUTE	FOR CANCER IMMUNOTHERAPY							
ONE LETTERMAN DRI	VE, SUITE D3500	47-3355381	501(C)(3)	5,033,237.				RESEARCH
2 Enter total numb	er of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tab	ole			•
3 Enter total numb	er of other organizations lis	ted in the line	1 table				<u></u>	•
For Paperwork Reduction	on Act Notice see the Instruct	ions for Form 9	90					Schedule I (Form 990) 2020

Reduction Act Notice, see the instructions for Form 990. FOI aperwo

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	Governmei	nts, and Ir	ndividuals ir	n the United	d States		2020
C	omplete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identificat	ion number
CANCER RESEARCH INSTITUTE						13-183744	12
Part I General Information on Grants	and Assistance	e					
1 Does the organization maintain records t	o substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the g	rants or assistanc	e?	-				X Yes No
2 Describe in Part IV the organization's pro	ocedures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to	o Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipier		-			• •		,
			1	1	(f) Method of valuation		(h) Durmana of arrent
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES							
10010 NORTH TORREY PINES ROAD	95-2160097	501(C)(3)	175,500.				RESEARCH
(2) UNIVERSITY OF PENNSYLVANIA DIVISION OF HE	MA						
3400 CIVIC CENTER BLVD, 10TH FLOOR	23-1352685	501(C)(3)	4,732,073.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA, BERKELEY							
200 CALIFORNIA HALL BERKELEY, CA 94720	94-6002123	501(C)(3)	175,500.				RESEARCH
(4) UNIVERSITY OF PITTSBURGH							
107 CATHEDRAL OF LEARNING	25-0965591	501(C)(3)	200,000.				RESEARCH
(5) FRED HUTCHINSON CANCER RESEARCH CENTER CO	MP						
1100 FAIRVIEW AVENUE NORTH	23-7156071	501(C)(3)	351,000.				RESEARCH
(6) THE UNIVERSITY OF TEXAS MD ANDERSON CANCE	R						
1515 HOLCOMBE BLVD. HOUSTON, TX 77030	74-6001118	501(C)(3)	1,659,778.				RESEARCH
(7) THE ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501(C)(3)	175,500.				RESEARCH
(8) BRIGHAM & WOMEN'S HOSPITAL/HARVARD MEDICA	L						
75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	175,500.				RESEARCH
(9) EMORY UNIVERSITY							
1510 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)(3)	175,500.				RESEARCH
(10) NORTHWESTERN UNIVERSITY							
750 N LAKE SHORE DRIVE CHICAGO, IL 60513	36-2167817	501(C)(3)	200,000.				RESEARCH
(11) NYU LANGONE MEDICAL CENTER							
550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	290,500.				RESEARCH
(12) DUKE UNIVERSITY MEDICAL CENTER							
DUKE UNIVERSITY MEDICAL CENTER		501(C)(3)	1,250,000.				RESEARCH
2 Enter total number of section 501(c)(3) a	•	•					
3 Enter total number of other organizations						<u></u>	
For Paperwork Reduction Act Notice see the Inst	ructions for Form Q	un				S/	bedule I (Form 990) 2020

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

SCHEDULE I (Form 990)				Assistance t ndividuals in			F	OMB No. 1545-0047
(*********				swered "Yes" on F				2020
	Comp		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I				Inspection
Name of the organization			<u></u>			-	Employer identific	
CANCER RESEARCH	I INSTITUTE						13-1837	442
Part I General I	nformation on Grants and	d Assistanc	e					
the selection crit	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistanc	æ?			• • •		d 🛛 🛛 Yes 📄 No
	nd Other Assistance to D ne 21, for any recipient th		-					"Yes" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) H. LEE MOFFITT CA	ANCER CENTER							
12902 MAGNOLIA DR	RIVE TAMPA, FL 33612	59-2451713	501(C)(3)	200,000.				RESEARCH
(2) THE UNIVERSITY OF	CHICAGO							
5841 S. MARYLAND	AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	200,000.				RESEARCH
(3) THE UNIVERSITY OF	F COLORADO BOULDER							
596 UCB. BOULDER,	CO 80309	84-6000555	501(C)(3)	175,500.				RESEARCH
_(4)		-						
(5)		_						
(6)								
(7)								
(8)								
(9)		_						
(10)		_						
(11)								
(12)								
	per of section 501(c)(3) and per of other organizations list	-	•					27.
	on Act Notice, see the Instructi							Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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

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

Eart 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.

SCHEDULE J Compensation Information						OMB No. 1545-0047				
(Forr	n 990)		ectors, Trustees, Key Employees, and Highest mpensated Employees		୬ଲ	20				
			on answered "Yes" on Form 990, Part IV, line 2	23.	©ے Dpen to					
	epartment of the Treasury ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.									
	of the organization			Employer identificatio		ectio r				
CAN	CER RESEAR	CH INSTITUTE		13-1837442						
Part	Question	ns Regarding Compensation								
_	e 1 1			–		Yes	No			
1a			ovided any of the following to or for a pers provide any relevant information regarding							
		ss or charter travel	Housing allowance or residence for							
		or companions	Payments for business use of perso	•						
		emnification and gross-up payments	Health or social club dues or initiation							
		onary spending account	Personal services (such as maid, ch							
b	If any of the	boxes on line 1a are checked, did the	ne organization follow a written policy re spenses described above? If "No," com	egarding payment						
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain									
2										
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line									
	1a?				2					
3			on used to establish the compensation of							
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P							
	X Comper	nsation committee	Written employment contract							
	·	dent compensation consultant	Compensation survey or study							
	X Form 99	00 of other organizations	X Approval by the board or compensation	ation committee						
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	-		tal nonqualified retirement plan?		4b		X			
С			sed compensation arrangement?		4c		X			
	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.						
F	-		rganizations must complete lines 5-9. ion A, line 1a, did the organization pa							
5	•	n contingent on the revenues of:	ion A, line la, did the organization pa	ly of accrue any						
а		5			5a		х			
					5b		X			
	-	e 5a or 5b, describe in Part III.								
6			ion A, line 1a, did the organization pa	ly or accrue anv						
	-	n contingent on the net earnings of:		, ,						
а	-				6a		Х			
b					6b		Х			
	If "Yes" on lin	e 6a or 6b, describe in Part III.								
7			on A, line 1a, did the organization prov				x			
payments not described on lines 5 and 6? If "Yes," describe in Part III										
8			paid or accrued pursuant to a contract the							
		-	Regulations section 53.4958-4(a)(3)? If				37			
•			low the relevitely presumption presed		8		X			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9										
		ection 53.4956-6(C)?		<u> </u>	9					

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JILL O'DONNELL-TORMEY,	(i)	470,553.	0.	0.	28,500.	32,538.	531,591.	
1 ^{CEO/DIR. OF SCIENTIFIC AFFAIRS}	(ii)	0.	0.	0.	0.	0.	0.	
ALFRED R. MASSIDAS	(i)	306,727.	0.	0.	28,500.	46,323.	381,550.	
2 ^{CFO/DIR. OF HUMAN RESOURCES}	(ii)	0.	0.	0.	0.	0.	0.	
LYNNE A. RAPINO	(i)	258,622.	0.	0.	26,000.	46,265.	330,887.	
$3^{\text{DIR},\text{GRANT}}$ ADMIN/SPECIAL EVENTS	(ii)	0.	0.	0.	0.	0.	0.	
SHARON S. SLADE	(i)	224,240.	0.	0.	22,500.	28,171.	274,911.	
${}^{ m DIR.}$ of strategic initiatives ${f 4}$	(ii)	0.	0.	0.	0.	0.	0.	
VANESSA LUCEY	(i)	229,051.	0.	0.	20,833.	30,447.	280,331.	
DIRECTOR OF CVF & ACCELERATOR 5	(ii)	0.	0.	0.	0.	0.	0.	
BRIAN M. BREWER	(i)	182,656.	0.	0.	18,500.	32,409.	233,565.	
DIR. OF MKTG & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	
RUPINDER KAUR	(i)	148,604.	0.	0.	15,000.	45,753.	209,357.	
7 ^{SR. MANAGER OPS. & GIVING}	(ii)	0.	0.	0.	0.	0.	0.	
QING HUA ZHANG	(i)	126,578.	0.	0.	12,700.	32,262.	171,540.	
8 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	
DEANNE T. MARBACH	(i)	125,975.	0.	0.	12,500.	32,351.	170,826.	
9 DIRECTOR OF MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	
MARLA A. LAWSON	(i)	112,611.	0.	0.	11,300.	32,198.	156,109.	
10 ^{ASSOC DIR CORP & FDN RELATIONS}	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
15	(ii)							
	(i)							
16	(ii)							

JSA

0E1291 1.000

Schedule J (Form 990) 2020

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.

2020 Open to Public Inspection

Name of the organization

CANCER RESEARCH INSTITUTE

Employer identification	number
13-1837442	

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			0
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		1.	89,645.	PUBLISHEI) FMV	V QU	OTES
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed	Form 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I. line	s 1 through			
					-			
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?								
b	If "Yes," describe the arrangement					30a		
	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?			-		31	Х	
32a	Does the organization hire or use							[
	contributions?	-	-			32a		Х
b	If "Yes," describe in Part II.							
	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.

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

Schedule M (Form 990) 2020

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.

FORM 990, SCHEDULE M, PART I, LINE 9

FOR THE FISCAL YEAR-ENDED JUNE 30, 2021, THE CANCER RESEARCH INSTITUTE,

INC. RECEIVED ONE CONTRIBUTION OF PUBLICLY TRADED SECURITIES IN THE

AMOUNT OF \$89,645.

305168

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 Name of the organization

Employer identification number

CANCER RESEARCH INSTITUTE

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 24 MONTHS TO ADDRESS THE GAP BETWEEN TECHNOLOGY DEVELOPMENT 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 WHICH 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 THE GAIN IN VALUE OF PERPETUAL TRUST OF \$152,663, A RETURN OF GRANT FUNDS IN THE AMOUNT OF \$62,274, AND EARLY GRANT TERMINATIONS IN THE AMOUNT OF \$779,420.

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

Chedule O (Form 990 or 990-EZ) 2020 Pa								
Name of the organization		Employer identification number						
CANCER RESEARCH INSTITUTE		13-1837442						
	A	TTACHMENT 1 (CONT'D)						
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION								

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 IN ENGLISH AND SPANISH ABOUT ADVANCES IN TUMOR IMMUNOLOGY TO THE MEDIA, PUBLIC, AND MEDICAL AND SCIENTIFIC COMMUNITIES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CRI ANNA-MARIA KELLEN CLINICAL ACCELERATOR PROGRAM IS AN ACTIVELY MANAGED VENTURE PHILANTHROPY PROGRAM DESIGNED TO SPEED THE DEVELOPMENT OF CANCER IMMUNOTHERAPIES. THIS MODEL 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 POTENTIAL FOR SIGNIFICANT FUTURE RETURNS ON INVESTMENT BACK TO CRI TO MAKE THE PHILANTHROPIC VENTURE FUND SELF-SUSTAINING.

ATTACHMENT 3

HEADS	OF M	AJOR	MEDICAL	RESE	ARCH	INSTIT	TUTES,	ACADI	EMIC	
PREST	IGIOU	S UN	IVERSITI	ES, AI	ND AI	OMIRED	MENTOR	RS TO	THE]
GENER	ATION	OF	IMMUNOLO	GISTS	AND	TUMOR	IMMUN	DLOGIS	STS.	

FORM 990, PART VI, LINE 17 - STATES

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

NAME AND ADDRESS

1330 6TH AVE, 22ND FLOOR

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

PARTNERS CAPITAL INVESTMENT GROUP LLC

JSA 0E1228 1.000 17931Y L161 2/4/2022 3:38:43 PM V 20-7.14

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number 13-1837442

ATTACHMENT 3 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

Schedule O (Form 990 or 990-EZ) 2020

CANCER RESEARCH INSTITUTE

Name of the organization

THE CRI IRVINGTON POSTDOCTORAL FELLOWSHIP PROGRAM, INCLUDING DESIGNATED FUNDING TO ENABLE GREATER RACIAL AND ETHNIC DIVERSITY AMONG SCIENTISTS WITHIN THE FIELD, PROVIDES SUPPORT TO FUND AND TRAIN YOUNG IMMUNOLOGISTS AND CANCER IMMUNOLOGISTS AT TOP UNIVERSITIES AND RESEARCH CENTERS AROUND THE WORLD. FELLOWS RECEIVE UP TO \$175,500 OVER THREE YEARS TO COVER THE COST OF STIPEND OR SALARY, INSURANCE, AND OTHER RESEARCH-RELATED EXPENSES, SUCH AS TRAVEL TO CONFERENCES AND MEETINGS. OF THE MORE THAN 1,400 CRI POSTDOCTORAL FELLOWS FUNDED TO DATE, MANY HAVE SINCE BECOME LEADERS IN NEXT

ATTACHMENT 4

ATTACHMENT 5

DESCRIPTION OF SERVICES COMPENSATION

INVESTMENT MANAGER

305168

Schedule O (Form 990 or 990-EZ) 2020					
Name of the organization	Employer identification number				
CANCER RESEARCH INSTITUTE	13-1837442				

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

NEW YORK, NY 10019

305168

OMB No. 1545-0047

Open to Public

Inspection

20

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.

	-			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1)							
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

Page **2**

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or aging tner?	(k) 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) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)	-					Yes
(2)	_					
(3)	-					
(4)	-					
(5)	-					
(6)	-					
(7)						

Schedule R (Form 990) 2020

JSA

CANCER	RESEARCH	INSTITUTE
CITICHIC	ICHOHIMCCII	THOTTOTH

Schedule R (Form 990) 2020

Par	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.							
Not	e: 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						X			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)				1b 1c		X X			
		ift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)			• • • •	1e		X			
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s).									
j	Lease of facilities, equipment, or other assets to related organization(s).									
-										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
Т	Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10		X			
p	Reimbursement paid to related organization(s) for expenses.				1p		Х			
	Reimbursement paid by related organization(s) for expenses									
ч					1q					
r	Other transfer of cash or property to related organization(s)				1r		Х			
S	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transac	ction thre	shold	s.				
	(a)	(b)	(c)		(d)					
	Name of related organization Transaction Amount involved type (a-s) type (a-s)					erminir olved	g			
(1)										
(2)										
(3)										
(4)										
(5)										
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514	ed 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes No		Yes	No		
(1)		-												
(2)		_												
(3)		_												
(4)		_												
(5)		_												
(6)		_												
(7)		_												
(8)		_												
(9)		_												
(10)		_												
(12)														
														<u> </u>
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 Part VII
 Supplemental Information

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