

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

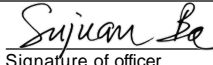
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH				D Employer identification number 04-2531031	
	Doing Business As				E Telephone number (301) 654-1250	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	5515 SECURITY LANE		1105			
City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20852						G Gross receipts \$ 9,866,139.
F Name and address of principal officer: SUJUAN BA 5515 SECURITY LANE SUITE 1105, ROCKVILLE, MD 20852						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.NFCR.ORG				H(c) Group exemption number ▶ 5582
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1973		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO PREVENTION, EARLIER DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, A CURE FOR CANCER.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,181,991.	8,681,414.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,215.	370,595.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,853.	110,433.
		8,408,059.	9,162,442.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,285,179.	3,445,964.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,194,753.	1,910,593.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	31,557.	31,582.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,766,659.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,973,419.	4,402,392.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,484,908.	9,790,531.
19 Revenue less expenses. Subtract line 18 from line 12	-76,849.	-628,089.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,719,078.	10,533,674.
	22 Net assets or fund balances. Subtract line 21 from line 20.	3,111,496.	2,852,963.
	7,607,582.	7,680,711.	

Part II Signature Block

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

Sign Here	 Signature of officer	09/04/2024 Date
	SUJUAN BA Type or print name and title	
		PRESIDENT & CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD RUVELSON	RICHARD RUVELSON	09/04/2024		P00234075
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814-3423		Phone no. 301-272-6000			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,781,528. including grants of \$ 3,445,964.) (Revenue \$)

CANCER RESEARCH - SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,400,565. including grants of \$) (Revenue \$)

CANCER PREVENTION EDUCATION TO THE PUBLIC - SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,182,093.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KWOK LEUNG 5515 SECURITY LANE, SUITE 1105 ROCKVILLE, MD 20852 (301)654-1250

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUJUAN BA PRESIDENT/CEO	40.00 NONE			X				471,385.	NONE	81,925.
(2) KWOK LEUNG CFO/SECRETARY	40.00 NONE			X				204,079.	NONE	30,434.
(3) BRIAN WACHTEL EXECUTIVE DIRECTOR	40.00 NONE					X		151,108.	NONE	17,381.
(4) ZETING WANG SR. DIR OF DIRECT RESPONSE	40.00 NONE					X		124,087.	NONE	11,940.
(5) ALFRED SLANETZ CHAIR OF THE BOARD	5.00 NONE	X		X				NONE	NONE	NONE
(6) BRIAN LEYLAND-JONES TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(7) JUDITH P BARNHARD DIRECTOR	1.50 NONE	X						NONE	NONE	NONE
(8) KAREN BURKE DIRECTOR	1.50 NONE	X						NONE	NONE	NONE
(9) LANCE KAWAGUCHI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) EDWARD S WEST DIRECTOR (THRU 04/26/2023)	1.00 NONE	X						NONE	NONE	NONE
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 7

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	43,437.				
	b	Membership dues	1b					
	c	Fundraising events	1c	289,157.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	8,348,820.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 11,849.				
	h	Total. Add lines 1a-1f			8,681,414.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		246,067.			246,067.	
	4	Income from investment of tax-exempt bond proceeds . . .		NONE				
	5	Royalties		6,870.			6,870.	
	6a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities		783,438.			
			(ii) Other					
	b	Less: cost or other basis and sales expenses . .	7b	658,910.				
	c	Gain or (loss)	7c	124,528.				
	d	Net gain or (loss)			124,528.		124,528.	
8a	Gross income from fundraising events (not including \$ 289,157. of contributions reported on line 1c). See Part IV, line 18			45,973.				
				44,787.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			1,186.		1,186.		
9a	Gross income from gaming activities. See Part IV, line 19			NONE				
				NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances			NONE				
				NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	MAILING LIST RENTALS	Business Code	541800	102,377.		102,377.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			102,377.			
12	Total revenue. See instructions			9,162,442.			481,028.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,162.	1	1,337.
	2 Savings and temporary cash investments	1,976,379.	2	1,752,406.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	58,323.	4	51,727.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	483,323.	9	373,197.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 226,556.		
	b Less: accumulated depreciation	10b 206,364.		
	11 Investments - publicly traded securities	4,694,792.	11	4,826,460.
	12 Investments - other securities. See Part IV, line 11	200,442.	12	200,442.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	3,275,588.	15	3,307,913.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,719,078.	16	10,533,674.	
Liabilities	17 Accounts payable and accrued expenses	876,435.	17	722,035.
	18 Grants payable	1,285,132.	18	1,393,836.
	19 Deferred revenue	135.	19	135.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	949,794.	25	736,957.
	26 Total liabilities. Add lines 17 through 25	3,111,496.	26	2,852,963.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	4,277,731.	27	4,299,106.
	28 Net assets with donor restrictions	3,329,851.	28	3,381,605.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	7,607,582.	32	7,680,711.
33 Total liabilities and net assets/fund balances	10,719,078.	33	10,533,674.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,162,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,790,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	-628,089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,607,582.
5	Net unrealized gains (losses) on investments	5	701,218.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,680,711.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,898,471.	10,990,906.	9,444,496.	8,181,991.	8,681,414.	47,197,278.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	9,898,471.	10,990,906.	9,444,496.	8,181,991.	8,681,414.	47,197,278.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						356,054.
6 Public support. Subtract line 5 from line 4						46,841,224.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9,898,471.	10,990,906.	9,444,496.	8,181,991.	8,681,414.	47,197,278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	270,568.	222,444.	276,898.	202,224.	252,937.	1,225,071.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	2,859.	NONE	1,186.	4,045.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	301,733.	192,317.	135,298.	86,699.	102,377.	818,424.
11 Total support. Add lines 7 through 10						49,244,818.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.12 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.01 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MAILING LIST SALES	301,733.	192,317.	135,298.	86,699.	102,377.	818,424.
TOTALS	301,733.	192,317.	135,298.	86,699.	102,377.	818,424.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

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

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

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

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

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

Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 373,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 205,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

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

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

Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
--	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advised funds.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on collections of art, historical treasures, or other similar assets.

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,205,432.	7,190,200.	7,784,738.	7,915,837.	10,396,983.
b Contributions	3,405,566.	2,206,693.	3,290,006.	3,260,266.	4,136,982.
c Net investment earnings, gains, and losses	62,641.	-605,813.	213,641.	193,223.	286,710.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,351,278.	2,585,648.	4,098,185.	3,584,588.	6,904,838.
f Administrative expenses					
g End of year balance	6,322,361.	6,205,432.	7,190,200.	7,784,738.	7,915,837.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 46.4600 %
 - b Permanent endowment 35.3100 %
 - c Term endowment 18.2300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		26,890.	17,678.	9,212.
d Equipment		154,284.	146,580.	7,704.
e Other		45,382.	42,106.	3,276.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,192.

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) AMOUNT HELD IN TRUST BY OTHERS	2,658,016.
(2) RIGHT OF USE ASSET	649,897.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	3,307,913.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	736,957.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	736,957.

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 .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS:

THE PRINCIPAL ACTIVITIES OF NFCR ARE RAISING FUNDS AND FIGHTING CANCER THROUGH RESEARCH IN PREVENTION, EARLIER DIAGNOSTIC TECHNIQUES, MORE EFFECTIVE TREATMENTS AND ULTIMATELY, ACHIEVING ONE OF MEDICINES GREATEST GOALS: CURING CANCER TO SAVE LIVES. THE FOUNDATION FULFILLS THIS MISSION BY FUNDING ACROSS THE WORLD OUTSTANDING SCIENTISTS THAT PIONEER CANCER RESEARCH AND FUNDING CANCER PREVENTION EDUCATION PROGRAMS. THE DESIGNATED NET ASSETS, TEMPORARILY RESTRICTED NET ASSETS, AND PERMANENTLY RESTRICTED NET ASSETS ALL ARE INTENDED TO PROVIDE FUNDING FOR SUCH RESEARCH AND EDUCATION PROGRAMS.

PART X, LINE 2 - FASB ASC 740 FOOTNOTE:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND RELATED STATE STATUTES, EXCEPT FOR INCOME TAX ON UNRELATED BUSINESS INCOME, IF ANY. IT QUALIFIES AS A PUBLIC CHARITY UNDER SECTION 509(A)(1). THE DARWIN FOUNDATION HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM INCOME TAX UNDER SECTION 501 (C)(3) AND RELATED STATE STATUTES, EXCEPT FOR INCOME TAX ON UNRELATED BUSINESS INCOME, IF ANY. IT IS A SUPPORTING ORGANIZATION TO NFCR UNDER SECTION 509(A)(3). NFCR WESTERN CHAPTER, A CALIFORNIA NONPROFIT CORPORATION, AND NFCR MID-ATLANTIC CHAPTER, A DISTRICT OF COLUMBIA NONPROFIT CORPORATION WERE ADDED IN 2011 BY THE FOUNDATION TO ITS ROSTER OF SUBORDINATE ORGANIZATIONS COVERED UNDER THE GROUP EXEMPTION RULING, DATED APRIL 26, 2010, ISSUED BY THE INTERNAL REVENUE SERVICE TO THE FOUNDATION. BOTH CHAPTERS ARE EXEMPT FROM

Part XIII Supplemental Information (continued)

FEDERAL AND STATE INCOME TAX, EXCEPT FOR INCOME TAX ON UNRELATED BUSINESS INCOME, AS ORGANIZATIONS DESCRIBED UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND RELATED STATE STATUTES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN AND ACCRUE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN AND CONCLUDED THAT AS OF DECEMBER 31, 2023 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION AND AFFILIATES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES FOR THE PERIODS PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. SHOULD SUCH PENALTIES AND INTEREST BE INCURRED, THE FOUNDATION'S POLICY IS TO RECOGNIZE THEM AS GENERAL AND ADMINISTRATIVE EXPENSES ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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) EUROPE	NONE	NONE	GRANTMAKING		90,000.
(2) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		30,000.
(3) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		5,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			125,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			125,000.

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

Schedule F (Form 990) 2023

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH CONTRACTS	85,000.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 1

3 Enter total number of other organizations or entities NONE

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) AWARD FOR CANCER RESEARCH PROGRESS.	MIDDLE EAST/NORTH AFRICA	1	30,000.	CHECK			
(2) RESEARCH REVIEW	EUROPE/ICELAND/GREENLAND	1	5,000.	CHECK			
(3) RESEARCH REVIEW	EAST ASIA/PACIFIC	1	5,000.	CHECK			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

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).

PART I, LINE 2

PROCEDURE FOR MONITORING USE OF GRANTS OUTSIDE USA: GRANT AND CONTRACT
RECIPIENTS ARE REQUIRED TO SUBMIT QUARTERLY EXPENDITURE REPORTS AND
ANNUAL PROGRESS REPORTS TO NFCR.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,567,682.	31,582.	3,536,100.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN,
KS, KY, ME, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		PLAY FOR A CURE (event type)	DAFFODILS & DIA (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	158,624.	115,973.	60,533.	335,130.
	2	Less: Contributions	158,624.	70,000.	60,533.	289,157.
	3	Gross income (line 1 minus line 2)		45,973.		45,973.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		10,000.		10,000.
	7	Food and beverages		11,845.		11,845.
	8	Entertainment				
	9	Other direct expenses	4,125.	8,726.	10,091.	22,942.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				44,787.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,186.	

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

		(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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

a Is the organization licensed to conduct gaming activities in each of these 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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

AMERGENT, INC

ADDRESS:

9 CENTENNIAL DR,
PEABODY, MA 01960

ACTIVITY :

COUNSEL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	3,567,682.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	31,582.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	3,536,100.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	65,731.				RESEARCH CONTRACTS
(2) DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. BOSTON, MA 02115	04-2263040	501(C)(3)	220,041.				RESEARCH CONTRACTS
(3) UNIVERSITY OF CALIFORNIA AT SAN DIEGO PO BOX 12385 LA JOLLA, CA 92093	94-3067788	501(C)(3)	52,044.				RESEARCH CONTRACTS
(4) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	130,000.				RESEARCH CONTRACTS
(5) KUMC RESEARCH INSTITUTE, INC 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	87,282.				RESEARCH CONTRACTS
(6) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	15-0532082	501(C)(3)	85,000.				RESEARCH CONTRACTS
(7) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	123,272.				RESEARCH CONTRACTS
(8) AIM HI ACCELERATOR FUND 5515 SECURITY LN, #1105 ROCKVILLE, MD 20852	82-4322538	501(C)(3)	850,000.				COLLABORATION AGREEMENT
(9) MASSACHUSETTS GENERAL HOSPITAL P O BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	268,242.				RESEARCH CONTRACTS
(10) OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR	23-7083114	501(C)(3)	128,326.				RESEARCH CONTRACTS
(11) JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	108,670.				RESEARCH CONTRACTS
(12) UNIVERSITY OF WASHINGTON 509 OLIVE WAY SEATTLE, WA 98101	91-6001537	501(C)(3)	33,633.				RESEARCH CONTRACTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY GROSSMAN SCHOOL MED. 1 PARK AVE 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	88,675.				RESEARCH CONTRACTS
(2) UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR 660 PARRINGTON OVAL RM 119 NORMAN, OK 73019	73-6091755	501(C)(3)	30,888.				RESEARCH CONTRACTS
(3) PARTHEN INST. OF TRANSFORMATIVE ONCOLOGY 5515 SECURITY LANE ROCKVILLE, MD 20852	92-3224051	501(C)(3)	30,000.				RESEARCH CONTRACTS
(4) OVARIAN CANCER RESEARCH ALLIANCE 14 PENNSYLVANIA PLAZA NEW YORK, NY 10122	13-3806788	501(C)(3)	500,000.				RESEARCH GRANT
(5) HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD DETROIT, MI 48202	38-1357020	501(C)(3)	85,000.				RESEARCH CONTRACTS
(6) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	85,000.				RESEARCH CONTRACTS
(7) UMASS CHAN MEDICAL SCHOOL 333 SOUTH STREET SHREWSBURY, MA 01545	04-3108190	501(C)(3)	85,000.				RESEARCH CONTRACTS
(8) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-0945939	501(C)(3)	85,000.				RESEARCH CONTRACTS
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CANCER RESEARCH	3	149,159.			
2 RESEARCH REVIEW	2	55,000.			
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN USA:

GRANT AND CONTRACT RECIPIENTS ARE REQUIRED TO SUBMIT QUARTERLY EXPENDITURE REPORTS AND ANNUAL PROGRESS REPORTS TO NFCR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **9**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2023

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 W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUJUAN BA PRESIDENT/CEO	(i)	445,197.	25,000.	1,188.	58,576.	23,349.	553,310.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KWOK LEUNG CFO/SECRETARY	(i)	202,891.	NONE	1,188.	30,434.	NONE	234,513.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 BRIAN WACHTEL EXECUTIVE DIRECTOR	(i)	144,838.	6,000.	270.	17,381.	NONE	168,489.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

BONUSES PAID TO KWOK LEUNG, BRIAN WACHTEL, AND ZETING WANG ARE DETERMINED
ON AN ANNUAL BASIS BY THE BOARD AND/OR MANAGEMENT OF NFCR. RETENTION
BONUS PAID TO SUJUAN BA IS DETERMINED BY THE BOARD ON HER EMPLOYMENT
CONTRACT.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

PART III, LINE 1 - ORGANIZATION'S MISSION:

THE NATIONAL FOUNDATION FOR CANCER RESEARCH (NFCR) IS A LEADING PUBLIC CHARITY DEDICATED TO FUNDING CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO CANCER PREVENTION, EARLIER DIAGNOSIS, BETTER TREATMENTS AND, ULTIMATELY, CURES FOR CANCER. NFCR HAS DISTINGUISHED ITSELF IN THE CANCER RESEARCH SECTOR BY EMPHASIZING LONG-TERM, TRANSFORMATIVE RESEARCH OFTEN OVERLOOKED BY OTHER MAJOR FUNDING SOURCES. NFCR PROMOTES AND FACILITATES COLLABORATION AMONG SCIENTISTS TO ACCELERATE THE PACE OF DISCOVERY FROM BENCH TO BEDSIDE.

SINCE 1973, NFCR HAS PROVIDED MORE THAN \$415 MILLION IN SUPPORT OF DISCOVERY-ORIENTED CANCER RESEARCH FOCUSED ON UNDERSTANDING HOW AND WHY CELLS BECOME CANCEROUS, AND ON PUBLIC EDUCATION RELATING TO CANCER PREVENTION, DETECTION, AND TREATMENT. NFCR IS COMMITTED TO FIGHTING CANCER BY FUNDING HIGH-RISK, HIGH-IMPACT, AND POTENTIALLY HIGH-REWARD DISCOVERIES IN THE LABS AND TRANSFORMING THEM INTO LIFE-SAVING TREATMENTS FOR CANCER PATIENTS. THROUGH GLOBAL COLLABORATION, NFCR IS MAKING UNIQUE IMPACTS ON NEW, ACCELERATED PATHS TO A CURE. NFCR ENVISIONS A WORLD WITHOUT CANCER!

PART III, LINE 4A - CANCER RESEARCH PROGRM ACCOMPLISHMENTS:

HIGHLIGHTS OF RESEARCH ACCOMPLISHMENTS

WITH SUPPORT FROM OUR GENEROUS DONORS, NFCR-FUNDED SCIENTISTS HAVE MADE NUMEROUS REMARKABLE ADVANCES IN THE FIGHT AGAINST CANCER. THEIR RESEARCH

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

ENCOMPASSES A WIDE VARIETY OF FIELDS, MANY OF WHICH COULD ULTIMATELY LEAD
TO A CURE FOR THIS DEADLY DISEASE.

CHROMOSOME LOSS & IMMUNE RESISTANCE

TERESA DAVOLI, PH.D. PREVIOUSLY SHOWED LOSS OF A SPECIFIC "P" REGION OF
CHROMOSOME 9P IS MORE FREQUENT IN PATIENTS NOT RESPONDING TO
IMMUNOTHERAPY. TO UNDERSTAND THE MECHANISM, HER TEAM USED CRISPR
GENE-EDITING TOOL TO MODIFY HUMAN CANCER CELL LINES TO CONTAIN THE LOSS
OF REGIONS ON CHROMOSOME 9P. COMPUTATIONAL ANALYSIS DECIPHERED WHICH 9P
GENES ARE CRITICAL FOR IMMUNE EVASION. IN LAB MODELS, SILVIO GUTKIND,
PH.D. IS DISSECTING WHY TUMORS WITH 9P LOSS RESPOND LESS TO
IMMUNOTHERAPY.

THIS RESEARCH IS ENLIGHTENING HOW TUMOR CELLS EVADE THE IMMUNE SYSTEMS'
RECOGNITION AND ATTACK. 9P LOSS IS A COMMON FEATURE OF SOLID TUMORS,
ESPECIALLY MELANOMA AND ORAL, LUNG, AND BLADDER CANCERS. THIS RESEARCH
MAY POTENTIALLY HELP IDENTIFY PATIENTS WHO WILL RESPOND TO IMMUNOTHERAPY
AND IMPROVE CURRENT IMMUNOTHERAPEUTIC STRATEGIES.

COMBATTING BRAIN METASTASIS IN BREAST AND OTHER CANCER

HER2-POSITIVE BREAST TUMORS (ABNORMAL AMOUNTS OF HER2 GROWTH PROTEIN) ARE
TREATED WITH TARGETED THERAPIES BUT SOME PATIENTS DO NOT RESPOND TO
TREATMENT AND DEVELOP BRAIN METASTASES WITH DISMAL OUTCOMES. KORNELIA

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

POLYAK, M.D., PH.D. AND VALERIE WEAVER, PH.D. ARE EXPLORING HOW THE BRAIN ENVIRONMENT ENABLES BREAST CANCER CELLS TO GROW AND SURVIVE.

THEIR RESULTS OPEN A NEW AND SIGNIFICANT RESEARCH FIELD. THE DATA SUGGEST THAT TARGETING SUGAR MOLECULES OR GLYCOSYLATION IN CELLS AND THE SPECIFIC INTERACTIONS BETWEEN BRAIN CELLS AND CANCER CELLS COULD IMPROVE THE OUTCOMES OF BREAST CANCER PATIENTS WITH BRAIN METASTASES. MOREOVER, THESE RESULTS ARE RELEVANT TO OTHER CANCER TYPES THAT COMMONLY METASTASIZE TO THE BRAIN INCLUDING MELANOMA AND LUNG CANCER.

IMMUNOTHERAPY FOR MERKLE CELL CANCER AND OTHER VIRUS-DRIVEN CANCERS.

WHILE 50% OF PATIENTS WITH MERKEL CELL CANCER (MCC) RESPOND WELL TO IMMUNE-BASED THERAPIES, OTHERS DO NOT. AS WITH MOST CANCERS, THE BASIS FOR DIFFERENT OUTCOMES IS UNKNOWN. MERKEL CELL POLYOMAVIRUS CAUSES 80% OF MCCS WHILE 20% IS CAUSED BY UV LIGHT-INDUCED DNA MUTATIONS. EACH MCC SUBTYPE MAY BE 'SEEN' IN DIFFERENT WAYS BY THE IMMUNE SYSTEM. DRS. SUZANNE TOPALIAN AND PAUL NGHEIM ARE STUDYING GENE EXPRESSION IN TUMOR-INFILTRATING T CELLS IN PATIENTS RECEIVING IMMUNOTHERAPY. COMPUTER MODELING REVEALED A GENE EXPRESSION PROFILE DERIVED FROM LUNG CANCER MUTATION-SPECIFIC T CELLS ALSO IDENTIFIES TUMOR- SPECIFIC T CELLS IN MCC SPECIMENS. A DEEPER UNDERSTANDING OF IMMUNE CELL-TYPES IN TUMORS RESPONDING OR NOT TO IMMUNOTHERAPY IS NOW POSSIBLE. THIS RESEARCH WILL ALLOW COMBINATIONS OF EXISTING AND EMERGING THERAPIES TO HELP PATIENTS OVERCOME MCC AND OTHER VIRUS-DRIVEN CANCERS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

04-2531031

PAIRING LUNG CANCER PATIENTS WITH THE RIGHT TREATMENT

LUNG CANCER PATIENTS WITH MUTATIONS IN THE ALK GENE (OR ALK-POSITIVE OR ALK+) EVENTUALLY BECOME RESISTANT TO THE 1ST, 2ND, AND 3RD LINE OF STANDARD THERAPIES WITH NO OTHER AVAILABLE LIFE-SUSTAINING THERAPY. AARON HATA, M.D., PH.D. AND JESSICA LIN, M.D. ARE USING A NEW BREAKTHROUGH TECHNOLOGY THAT IDENTIFIES AND QUANTIFIES THE GENES IN PRESERVED BIOPSY SAMPLES, A METHOD NOT PREVIOUSLY POSSIBLE. A DEEPER UNDERSTANDING OF HOW CANCERS CHANGE WITH TARGETED THERAPIES CAN POTENTIALLY NOMINATE NEW WAYS TO TREAT RESISTANT CANCERS AND SAVE LIVES.

PREDICTING WHY CANCER SPREADS IN SOME PATIENTS

DANNY WELCH, PH.D. AND ISIDORE RIGOUTSOS, PH.D. ARE FINDING VARIABILITIES IN A SHORT FORM OF RNA IN THE MITOCHONDRIA, THE CELL PART THAT PRODUCES OUR BODY'S ENERGY, POSSIBLY EXPLAINING WHY CANCER SPREADS IN SOME PATIENTS BUT NOT IN OTHERS. THE RNA MAY PARTIALLY EXPLAIN RACIAL DISPARITIES IN CANCER RATES AND SEVERITY. THEIR RESEARCH SUGGESTS THAT A SIMPLE BLOOD TEST COULD GUIDE DOCTORS TO AGGRESSIVELY TREAT PATIENTS WHOSE CANCER MAY SPREAD OR SPARE PATIENTS AT LOW RISK FROM UNDERGOING TREATMENTS WITH HARSH SIDE EFFECTS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

CAR-T CELL IMMUNOTHERAPY FOR PANCREATIC CANCER

THERE ARE NO EFFECTIVE CAR-T CELL THERAPIES (OR T CELL-BASED IMMUNOTHERAPIES) FOR PANCREATIC CANCER. AVERY POSEY, PH.D. AND COURTNEY HOUCHEN, M.D. ARE DEVELOPING CAR-T CELLS THAT TARGET TWO TUMOR-ASSOCIATED PROTEINS CONTRIBUTING TO IMMUNE SUPPRESSION. THIS APPROACH MAY ENHANCE THE ANTI-TUMOR EFFICACY OF THESE CAR-T CELLS AND PREVENT TUMOR ESCAPE. THIS WORK IS IDENTIFYING THE MOST PROMISING CANDIDATES FOR FUTURE CLINICAL STUDIES - GIVING PANCREATIC PATIENTS HOPE FOR A NEW TREATMENT.

NEW FOCUS: EARLY DETECTION & INTERVENTION

A NEW NFCR FOCUSES ON EARLY CANCER DETECTION, EARLY-STAGE CANCER INTERVENTION, AND TREATMENT. WE ARE SUPPORTING A GROUP OF LEADING-EDGE SCIENTISTS PIONEERING AND INVESTIGATING INNOVATIVE APPROACHES TO STOP CANCERS AT THEIR EARLY STAGE, SUCH AS STAGE ZERO, AND TO DETECT THEM BEFORE NEW CANCER HAPPENS.

DR. AZRA RAZA, A DISTINGUISHED TRAILBLAZER, PARTICULARLY IN HEMATOLOGY AND ONCOLOGY, SEEKS TO IDENTIFY ELUSIVE BIOMARKERS THAT SERVE AS HARBINGERS OF CANCER, ALLOWING FOR TIMELY INTERVENTION WHEN THE DISEASE IS MOST AMENABLE TO TREATMENT. HER WORK HAS SHED LIGHT ON THE ROLE OF ABNORMALLY LARGE CELLS IN CANCER DEVELOPMENT AND PROGRESSION. IT HAS OPENED NEW AVENUES FOR THERAPEUTIC INTERVENTIONS AND DIAGNOSTIC STRATEGIES IN THE BATTLE AGAINST CANCER. DR. SIDDHARTHA MUKHERJEE'S

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

RESEARCH FOCUSES ON THE MICROENVIRONMENT IN THE BONE MARROW WHERE
BONE-STEM CELLS SIGNAL AND REGULATE THE DEVELOPMENT OF BLOOD STEM CELLS.
BY UNRAVELING THESE KEY SIGNALS, HE AIMS TO IDENTIFY CHANGES THAT MIGHT
SIGNAL DANGEROUS BLOOD CANCERS LIKE MYELODYSPLASTIC SYNDROME AND LEUKEMIA
AT AN EARLIER STAGE.

BY DEVELOPING AND IMPROVING SCREENING TESTS TO FIND AND DIAGNOSE CANCER
AT ITS EARLIEST, MOST TREATABLE STAGES, SCIENTISTS ARE WORKING TO REDUCE
OVERALL CANCER RISK AND PREVENT THE DISEASE FROM DEVELOPING. WE WILL KILL
CANCERS BEFORE THEY KILL PEOPLE. OUR GOAL IS TO REDUCE CANCER INCIDENCES
AND INCREASE CANCER SURVIVORS.

NEW RESEARCH PROGRAM: EXPANDING POWERFUL DETECTION TECHNOLOGY FOR MANY
CANCERS

ADVANCED AND METASTATIC CANCER TAKES THE LIVES OF MORE THAN 90% OF
PATIENTS. EARLY DETECTION OF CANCER AND ITS PROGRESSION IS A DIRE UNMET
NEED FOR PATIENTS, FAMILIES, AND THE CANCER RESEARCH COMMUNITY. NFCR'S
NEW INITIATIVE FOCUSES ON CANCER CELL DIAGNOSTIC TECHNOLOGY TO PROVIDE AN
INCREASED UNDERSTANDING OF LIVE CANCER CELLS OR CIRCULATING TUMOR CELLS
(CTCS) IN REAL-TIME AND AN INCLUSIVE UNDERSTANDING OF THE TUMOR
MICROENVIRONMENT AT THE CELLULAR, GENOMIC, TRANSCRIPTOMIC, AND PROTEOMIC
LEVELS.

TEN LEADING RESEARCHERS FROM ACROSS THE GLOBE HAVE BEGUN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

TO GENERATE THE KNOWLEDGE NEEDED TO ACCELERATE THIS MOST CRITICAL CANCER
PROBLEM FOR CANCER PATIENTS OF EARLY DETECTION AND MONITORING OF ADVANCED
CANCER.

BOTANICAL DRUG TREATING PATIENTS IN CLINICAL TRIALS

OVER TWO DECADES OF FUNDING FROM NFCR SUPPORTERS HELPED YUNG-CHI CHENG,
PH.D. AND HIS TEAM DEVELOP YIV-906, A BOTANICAL DRUG WITH HOLISTIC AND
MULTIPLE SYSTEM ANTI-CANCER PROPERTIES THAT ENHANCE IMMUNOTHERAPY AND
CHEMOTHERAPY. NFCR'S AIM-HI TRANSLATIONAL RESEARCH INITIATIVE SUPPORT
FACILITATED THE TRANSLATION OF YIV-906 TO REACH THE CLINICAL STAGES.

NOW, A PHASE I/II GLOBAL CLINICAL TRIAL IS TREATING LIVER CANCER PATIENTS
WITH YIV-906 COMBINED WITH A FRONTLINE DRUG. SINCE YIV-906 ALSO PROTECTS
THE GASTROINTESTINAL TRACT FROM HARSH SIDE EFFECTS OF MANY THERAPIES, THE
BOTANICAL SHOULD ALLEVIATE ADVERSE EFFECTS OF THE FRONTLINE DRUG THAT HAS
CAUSED MANY PATIENTS TO DISCONTINUE ITS USE.

PRELIMINARY TRENDS OF PHASE I/II TRIAL RESULTS LOOK PROMISING FOR
EXTENDING PROGRESSION FREE SURVIVAL, OVERALL SURVIVAL, QUALITY OF LIFE
AND TOLERABILITY. WITH SUCCESS IN FINAL PHASE CLINICAL TRIALS, YIV-906
COULD BECOME THE FIRST U.S.-APPROVED BOTANICAL CANCER DRUG - A REMARKABLE
ACHIEVEMENT.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

UNIQUE CLINICAL TRIAL GIVES HOPE TO BRAIN CANCER PATIENTS

A REVOLUTIONARY CLINICAL TRIAL MODEL, GBM AGILE, IS NOW AVAILABLE TO
TREAT PATIENTS WITH THE DEADLIEST BRAIN CANCER, GLIOBLASTOMA (GBM).

PATIENTS WHO HAVE NOT HAD A NEW EFFECTIVE TREATMENT IN DECADES, NOW HAVE
HOPE FOR SURVIVAL.

GBM AGILE'S UNIQUE DESIGN SURPASSES STANDARD TRIALS TO EFFICIENTLY
EVALUATE MULTIPLE NEW DRUGS AND DRUG COMBINATIONS SIMULTANEOUSLY.
BENEFITS INCLUDE LOWER COST, REDUCED TIME, AND FEWER PATIENTS REQUIRED TO
EVALUATE POTENTIAL NEW THERAPIES.

IN 2023, THERE ARE NOW MORE THAN 60 SITES OPEN AT CANCER CENTERS TO TREAT
PATIENTS IN THE US, CANADA, EUROPE, AND AUSTRALIA FOR A TOTAL OF SIX
COUNTRIES. SINCE ITS OPENING IN JUNE 2019, GBM AGILE TRIAL HAS SCREENED
MORE THAN 1900 PATIENTS INTO THE TREATMENT ARMS OF SIX NEW EXPERIMENTAL
AGENTS. ENROLLMENT RATES ARE 3 TO 4 TIMES GREATER THAN TRADITIONAL GBM
STUDIES.

NFCR HAS BEEN A PIONEER AND FOUNDING SUPPORTER OF GBM AGILE. WE ARE ALSO
A STRATEGIC PARTNER OF THE GLOBAL COALITION FOR ADAPTIVE RESEARCH (GCAR),
THE OFFICIAL NONPROFIT SPONSOR OF GBM AGILE.

THIS UNIQUELY DESIGNED CLINICAL TRIAL PLATFORM IS NOW BEING UTILIZED TO
RAPIDLY TEST NEW TREATMENTS FOR COVID-19 AND IS IN THE FINAL PLANNING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

STAGES FOR OVARIAN AND PANCREATIC CANCER WITH MORE CANCERS TO BE ADDED IN
THE FUTURE.

NEW TREATMENTS FOR CHILDHOOD CANCER

LACK OF THERAPIES MADE SPECIFICALLY FOR YOUNG PATIENTS FORCES PEDIATRIC
ONCOLOGISTS TO USE ADULT CANCER DRUGS. IN ADDITION TO DEBILITATING SIDE
EFFECTS THAT CAN LAST A LIFETIME, THERE ARE MANY FORMS OF CHILDHOOD
CANCER WHOSE OUTLOOK IS POOR. UNFORTUNATELY, FINANCIAL INVESTMENT TO
DEVELOP SPECIFIC PEDIATRIC CANCER DRUGS HAS BEEN DISMAL.

NFCR'S AIM-HI TRANSLATIONAL RESEARCH INITIATIVE SUPPORTS A PIPELINE TO
DEVELOP TREATMENTS FOR THE MOST COMMON PEDIATRIC CANCERS WITH THE WORST
OUTCOME. VOLASERTIB IS THE PIPELINE'S FIRST DRUG AND WAS APPROVED BY THE
FDA IN 2023 TO BEGIN CLINICAL TRIALS TO TREAT RHABDOMYOSARCOMA, A RARE
AND DEADLY CHILDHOOD CANCER AFFECTING 450 NEW PATIENTS YEARLY.

VOLASERTIB HAS THE FDA'S ORPHAN DRUG DESIGNATION (FOR DISEASES THAT
AFFECT LESS THAN 200,000 INDIVIDUALS) THAT PROVIDES TAX CREDITS TO REDUCE
CLINICAL TRIAL COSTS AND A WAIVER OF NEW DRUG APPLICATION FEES - SAVING
DEVELOPERS OF VOLASERTIB NEARLY \$2.9 MILLION DOLLARS. THESE BENEFITS WILL
ALSO SAVE PRECIOUS TIME AND MONEY FOR PATIENTS AND DOCTORS.

DOVITINIB A POSSIBLE TREATMENT FOR PEDIATRIC BONE SARCOMAS WAS ALSO

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

APPROVED IN 2023 BY THE FDA TO BEGIN CLINICAL TRIALS. IN ADDITION, THE
CLINICAL DEVELOPMENT OF DOVITINIB IS SUPPORTED BY AN EXPLORATORY
BIOMARKER THAT WOULD ALLOW THE IDENTIFICATION OF POTENTIAL RESPONDERS TO
THE DRUG.

YOUR COMMITMENT TO FUNDING THIS UNMET MEDICAL NEED FOR BETTER TREATMENTS
IS MAKING A DIFFERENCE IN THE LIVES OF CHILDREN!

NFCR'S CANCER PATIENT TREATMENT ASSISTANCE

A CANCER DIAGNOSIS COMES WITH PANIC, CONFUSION, UNCERTAINTY AND MANY
QUESTIONS: WHAT TESTS SHOULD BE SCHEDULED, WHAT ARE THE BEST TREATMENT
OPTIONS, AND ARE THERE CLINICAL TRIALS FOR A NEW THERAPY THAT ARE
SUITABLE TO THE PATIENT'S CANCER.

NFCR UNDERSTANDS THE PATIENT'S FRUSTRATIONS AND NEEDS, AND WE PROVIDE
ASSISTANCE THROUGH THE DIFFICULT TIME BY LINKING A PERSON IN NEED WITH
THE CANCER PATIENT TREATMENT ASSISTANCE, WHERE ONE MAY RECEIVE EXPERT
PROFESSIONAL HELP FROM OUR ONCOLOGISTS.

- . UNDERSTANDING THE DIAGNOSIS AND TREATMENT OPTIONS
- . RECOMMEND TOP ONCOLOGISTS TO MEET SPECIFIC NEEDS AND COORDINATE THE
REFERRAL PROCESS
- . IDENTIFY CLINICAL TRIALS OF THE NEWEST THERAPIES FOR ADVANCED CANCER OR
RARE TUMORS FOR WHICH NO STANDARD CARE OR EFFECTIVE THERAPY IS AVAILABLE

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

THIS MEDICAL ADVICE IS PROVIDED AS A RESOURCE FOR PATIENTS TO CONSULT
WITH THEIR MEDICAL TEAM.

PART III, LINE 4B - CANCER PREVENTION EDUCATION TO THE PUBLIC:

NFCR PROVIDES THE PUBLIC WITH FREE MATERIALS CONTAINING VALUABLE
INFORMATION ON THE MOST UP-TO-DATE CANCER PREVENTIVE MEASURES, TREATMENT
OPTIONS, AND DIAGNOSTIC TOOLS. OUR POWERFUL MESSAGE HAS BEEN MAILED
ANNUALLY TO HOUSEHOLDS, REACHING OVER 235,000 EMAIL SUBSCRIBERS AND TENS
OF THOUSANDS OF INDIVIDUALS THROUGH OUR SOCIAL MEDIA CHANNELS (TWITTER
AND FACEBOOK) AND THROUGH OUR WEBSITE AND BLOGS, HELPS TO ASSURE THAT
FEWER OF TODAY'S HEALTHY INDIVIDUALS WILL GET CANCER AND MORE OF TODAY'S
CANCER PATIENTS WILL BECOME TOMORROW'S CANCER SURVIVORS. OUR PUBLIC
EDUCATION MATERIALS INCLUDE EARLY CANCER DETECTION GUIDE, CANCER
PREVENTION KITS, RECIPES FOR HEALTHY LIVING, ELECTRONIC AND PRINTED
NEWSLETTERS, THE LATEST CANCER HEADLINES, AND IN-DEPTH ONLINE CANCER
INFORMATION.

PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990:

THE NATIONAL FOUNDATION FOR CANCER RESEARCH'S PROCESS FOR REVIEWING THE
FORM 990.

- =====
1. FORM 990 WILL BE PREPARED AFTER ANNUAL AUDIT IS DONE.

 2. THE FIRST DRAFT WILL BE REVIEWED BY THE CHIEF OPERATING OFFICER AND
THE CHIEF FINANCIAL OFFICER.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

04-2531031

3. AFTER RESOLVING ANY QUESTIONS OR UPDATES, THE REVISED DRAFT WILL BE SENT TO BOARD MEMBERS, PREFERABLY ELECTRONICALLY FOR THEIR REVIEW AND COMMENTS.

4. THE BOARD MEMBER'S COMMENTS, IF ANY, WILL BE INCORPORATED IN THE FINAL RETURN.

5. THE RETURN WILL BE FILED WITH THE IRS PRIOR TO THE DESIGNATED DUE DATE OR EXTENDED DUE DATE.

6. THE STATE VERSION WILL BE PROVIDED TO STATES FOR REGISTRATION RENEWALS AND THE PUBLIC PORTIONS OF THE RETURN WILL BE POSTED ON THE FOUNDATION'S WEBSITE.

7. IN THE OCCASION THAT THERE IS INSUFFICIENT TIME PRIOR TO FILING FORM 990 TO SHARE IT WITH THE BOARD, OR THERE IS ABSENCE OF AN OPPORTUNITY FOR ANY MEANINGFUL REVIEW OF FORM 990 BY THE BOARD PRIOR TO THE FILINGS DEADLINE, AN ELECTRONIC VERSION OF THE FILED RETURN WILL BE AVAILABLE FOR BOARD MEMBERS' REVIEW AND COMMENTS AFTER SUBMISSION OF RETURN TO IRS. AN AMENDED RETURN, IF NECESSARY, WILL BE FILED.

PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY COMPLIANCE:

EACH DIRECTOR, PRIOR TO TAKING HIS/HER POSITION ON THE BOARD, AND ALL PRESENT DIRECTORS SHALL SUBMIT IN WRITING TO THE CHAIRMAN OF THE BOARD A LIST OF ALL BUSINESSES OR OTHER ORGANIZATIONS OF WHICH HE/SHE IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER SHAREHOLDER, EMPLOYEE OR AGENT,

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

WITH WHICH THE FOUNDATION HAS, OR MIGHT REASONABLE IN THE FUTURE ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE DIRECTOR WOULD HAVE CONFLICTING INTEREST ANNUALLY.

PART VI, SECTION B, LINE 15A/15B - OFFICERS COMPENSATION:

ON AN ANNUAL BASIS, THE BOARD WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS INCLUDES ALL OF THE FOLLOWING THREE ELEMENTS.

=====

1. REVIEW AND APPROVAL BY BOARD OF DIRECTORS: THE COMPENSATION OF EACH OFFICER IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. EACH OFFICER'S PERFORMANCE IS EVALUATED BASED ON HIS OR HER JOB RESPONSIBILITIES, AND INTERNAL AND EXTERNAL GOALS SET IN THE PREVIOUS YEAR.

2. REVIEW OF "COMPARABLE COMPENSATION" DATA: THE COMPENSATION OF EACH OFFICER IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPARABLE DATA ARE COMPILED BY THE FOUNDATION'S CHIEF FINANCIAL OFFICER AND/OR BY OUTSIDE COMPENSATION CONSULTANTS. COMPARABILITY DATA CAN INCLUDE COMPENSATION DATA FROM IRS FORM 990'S OF SIMILAR ORGANIZATIONS, PUBLISHED COMPENSATION SURVEYS, STUDIES AND GUIDES, AND OTHER SOURCES DEEMED APPROPRIATE AT THE TIME.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

3. DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AGREEMENT. THE RECORD IS KEPT BY THE SECRETARY OF THE FOUNDATION.

PART VI, SECTION C, LINE 19-AVAILABILITY OF DOCUMENTS, POLICIES, AND F/S:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE.

PART IX, LINE 26, JOINT COSTS ALLOCATION:

NFCR IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. FOR MORE THAN 50 YEARS, NFCR HAS BEEN COMMUNICATING WITH SUPPORTERS, DONORS, AND PROSPECTIVE DONORS BY POSTAL MAIL, EMAIL, PHONE, WEBSITE AND OTHER MEANS, BOTH TO REQUEST CONTRIBUTIONS AND TO EDUCATE THE PUBLIC, THEREBY UPHOLDING NFCR'S MISSION STATEMENT ABOUT CANCER AND UPHOLD ITS MISSION, AND AT THE SAME TIME TO PROVIDE FUNDRAISING OPPORTUNITIES. THE COSTS RELATED TO THESE JOINT ACTIVITIES ARE ALLOCATED, THEREBY UPHOLDING NFCR'S MISSION STATEMENT (TO SUPPORT CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO THE PREVENTION, EARLY DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, A CURE FOR CANCER). THESE FREE PUBLICATIONS ARE SENT TO TENS OF MILLIONS OF FAMILIES AND INCLUDE MATERIALS SUCH AS EARLY DETECTION GUIDES, CHILDHOOD CANCER CHARTS, CANCER PREVENTION KITS AND RECIPES FOR HEALTHY LIVING. AS A RESULT, IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES SOP 98-2 (ASC 958-720), WE ALLOCATE A PORTION OF OUR DIRECT MAIL COST TO PROGRAM SERVICES AND TO FUNDRAISING.

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH

04-2531031

FORM 990, PART VI, LINE 17 - STATES
=====

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

Employer identification number

NATIONAL FOUNDATION FOR CANCER RESEARCH**04-2531031**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMERGENT, INC 9 CENTENNIAL DRIVE PEABODY, MA 01960	CONSULTING & MNGT	368,979.
REDFIELD DIRECT LLC 11422 MIRACLE HILLS, DR. #450 OMAHA, NE 68154	LABEL PRINTING	355,456.
CENVEO WORLDWIDE LIMITED ROUTE 866 PO DRAWER C WILLIAMSBURG, PA 16693	ENVELOPE PRINTING	322,521.
CALMARK GROUP LLC 6755 SAYRE AVE BEDFORD PARK, IL 60638	MAIL SHOP	322,350.
LARSEN MARKETING GROUP 6236 WILMETTE BURKE, VA 22015	CONSULTING	169,088.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

04-2531031

NATIONAL FOUNDATION FOR CANCER RESEARCH

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 512(b)(13) controlled entity?	
						Yes	No
(1) DARWIN FOUNDATION 37-1473821 5515 SECURITY LANE, SUITE 1105 ROCKVILLE, MD 20852	CANCER RSRCH	DC	501(C)3	509(A)(3)	NFCR	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

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	(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	
(1)												
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of 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)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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