

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH Doing Business As			D Employer identification number	04-2531031
	<input type="checkbox"/>	Name change				Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4600 EAST-WEST HIGHWAY 525	
	<input type="checkbox"/>	Initial return	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814				
	<input type="checkbox"/>	Terminated				F Name and address of principal officer: FRANKLIN C. SALISBURY, JR 4600 EAST-WEST HWY, SUITE 525 BETHESDA, MD 20814	
<input type="checkbox"/>	Amended return	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			H(b) Are all subordinates included?		
<input type="checkbox"/>	Application pending				J Website: WWW.NFCR.ORG		
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				

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT CANCER RESEARCH AND PUBLIC EDUCATION RELATING TO PREVENTION, EARLIER DIAGNOSIS, BETTER TREATMENTS AND ULTIMATELY, A CURE FOR CANCER.			
	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	7.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	27.
	6	Total number of volunteers (estimate if necessary)	6	100.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,841.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	10,194.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,884,024.	13,729,474.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	528,158.	291,958.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	339,150.	280,368.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,751,332.	14,301,800.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,380,001.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,056,034.	2,283,506.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	64,275.	45,138.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,654,129.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,304,445.	8,331,748.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,804,755.	13,155,275.
19	Revenue less expenses. Subtract line 18 from line 12	946,577.	1,146,525.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	13,727,385.	13,163,238.
	21	Total liabilities (Part X, line 26)	3,435,282.	2,236,940.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,292,103.	10,926,298.

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	Date
	▶ FRANKLIN C. SALISBURY, JR Type or print name and title	CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOEL C SUSCO	<i>Joel C. Susco</i>	08/12/2016		P00189961
	Firm's name ▶ BOND BEEBE PC	Firm's EIN ▶ 52-1044197		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** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] Yes [X] 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 \$ 3,935,593. including grants of \$ 2,503,248.) (Revenue \$)

CANCER RESEARCH - SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,729,242. 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 in Schedule O.)

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

4e Total program service expenses 9,664,835.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and deductible contributions.

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

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

Section A. Governing Body and Management

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

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

SUJUAN BA 4600 EAST-WEST HIGHWAY, SUITE 525 BETHESDA, MD 20814 (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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JOSEPH F FRANLIN CHAIR	5.00 0.	X		X				0.	0.	0.
(2) MARK R BARAN TREASURER	2.00 0.	X		X				0.	0.	0.
(3) JUDITH P BARNHARD DIRECTOR	2.00 0.	X						0.	0.	0.
(4) MICHAEL BURKE DIRECTOR (EFF. JAN 2015)	2.00 0.	X						0.	0.	0.
(5) PADMAKUMAR KAIMAL DIRECTOR	2.00 0.	X						0.	0.	0.
(6) WENDY P DENNARD DIRECTOR (EFF. JULY 2015)	2.00 0.	X						0.	0.	0.
(7) EDWARD S WEST DIRECTOR (EFF. JULY 2015)	2.00 0.	X						0.	0.	0.
(8) FRANKLIN C SALISBURY JR CHIEF EXECUTIVE OFFICER	40.00 2.00			X				313,852.	0.	69,338.
(9) SUJUAN BA PRESIDENT/COO	40.00 2.00			X				300,778.	0.	65,788.
(10) KWOK LEUNG CFO/SECRETARY	40.00 2.00			X				121,086.	0.	21,797.
(11) YI WANG CHIEF SCIENCE OFFICER	40.00 0.					X		189,686.	0.	30,723.
(12) DAVID P BJORK VICE PRESIDENT OF DEVELOPMENT	40.00 0.					X		125,294.	0.	7,965.
(13)										
(14)										

Part VIII Statement of Revenue

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

				(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	89,904.					
	b Membership dues	1b						
	c Fundraising events	1c	372,565.					
	d Related organizations	1d	8,364.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,258,641.					
	g Noncash contributions included in lines 1a-1f: \$		614,868.					
	h Total. Add lines 1a-1f							13,729,474.
Program Service Revenue	2a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			363,047.			363,047.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			9,733.			9,733.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			-71,089.			-71,089.
	8a Gross income from fundraising events (not including \$ 372,565. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 4	61,338.				
		b Less: direct expenses	b	148,735.				
		c Net income or (loss) from fundraising events.	ATCH 5		-87,397.			-87,397.
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities.				0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue			Business Code					
11a MAILING LIST RENTALS		541800		358,032.		16,841.	341,191.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d				358,032.				
12 Total revenue. See instructions.				14,301,800.		16,841.	555,485.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,921,405.	1,921,405.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,000.	25,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	548,478.	548,478.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	897,989.	730,990.	140,829.	26,170.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,067,495.	690,720.	139,843.	236,932.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,904.	67,506.	13,006.	30,392.
9 Other employee benefits	92,315.	59,623.	15,780.	16,912.
10 Payroll taxes	114,803.	81,793.	16,404.	16,606.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	89,222.	11,564.	77,658.	
c Accounting	40,478.		40,478.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	45,138.			45,138.
f Investment management fees	57,829.		57,829.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	498,330.	431,086.	54,962.	12,282.
12 Advertising and promotion	21,520.	8,415.	4,917.	8,188.
13 Office expenses	257,019.	39,473.	209,979.	7,567.
14 Information technology	416,866.	304,845.		112,021.
15 Royalties	0.			
16 Occupancy	196,169.	140,191.	28,149.	27,829.
17 Travel	53,372.	30,162.	23,107.	103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	65,287.	65,287.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	17,534.	12,517.	2,502.	2,515.
23 Insurance	36,412.	26,008.	5,198.	5,206.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DIRECT MAIL PROGRAMS</u>	6,335,173.	4,301,385.		2,033,788.
b <u>LOCK BOX SERVICE</u>	166,680.	119,094.		47,586.
c <u>PROCESS FEES-LIST SALES & EX</u>	69,016.	49,293.		19,723.
d <u>MAJOR GIFT</u>	5,171.			5,171.
e All other expenses	5,670.		5,670.	
25 Total functional expenses. Add lines 1 through 24e	13,155,275.	9,664,835.	836,311.	2,654,129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	6,784,492.	4,887,483.		1,897,009.

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	1,000.	1	1,000.
	2 Savings and temporary cash investments	2,392,061.	2	2,823,984.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	557,179.	4	289,287.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	452,366.	9	389,623.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 225,744.		
	b Less: accumulated depreciation	10b 171,623.		
	11 Investments - publicly traded securities	7,733,013.	11	7,228,623.
	12 Investments - other securities. See Part IV, line 11	442.	12	442.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,534,921.	15	2,376,158.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,727,385.	16	13,163,238.	
Liabilities	17 Accounts payable and accrued expenses	3,362,100.	17	2,213,578.
	18 Grants payable	50,000.	18	0.
	19 Deferred revenue	23,182.	19	23,362.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	3,435,282.	26	2,236,940.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,915,470.	27	7,548,830.
	28 Temporarily restricted net assets	1,266,306.	28	1,418,289.
	29 Permanently restricted net assets	2,110,327.	29	1,959,179.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,292,103.	33	10,926,298.
	34 Total liabilities and net assets/fund balances	13,727,385.	34	13,163,238.

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	14,301,800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,155,275.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,146,525.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,292,103.
5	Net unrealized gains (losses) on investments	5	-512,330.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,926,298.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
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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 11, 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 or 990-EZ).)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,091,771.	13,288,283.	12,996,075.	14,884,024.	13,729,474.	67,989,627.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	13,091,771.	13,288,283.	12,996,075.	14,884,024.	13,729,474.	67,989,627.
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).						2,140.
6 Public support. Subtract line 5 from line 4.						67,987,487.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13,091,771.	13,288,283.	12,996,075.	14,884,024.	13,729,474.	67,989,627.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	449,250.	451,210.	302,464.	334,775.	372,780.	1,910,479.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			6,883.	7,420.	16,841.	31,144.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	640,683.	695,622.	320,737.	363,577.	341,191.	2,361,810.
11 Total support. Add lines 7 through 10						72,293,060.

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

13 First five 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 2015 (line 6, column (f) divided by line 11, column (f))	14	94.04%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.67%

16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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 9 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

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 ►

b 33 1/3% support tests - 2014. 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 in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

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>	1	

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>	3a		
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>	3b		

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
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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	_____	\$ 368,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 435,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 607,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 472,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
2	MATERIALS AND CHEMICALS USED IN CANCER RESEARCH	\$ 435,500.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
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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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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, grants, and end of year, and two Yes/No questions regarding 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, acreage, and number of easements on historic structures, and several Yes/No 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2015

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 are a 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 programs
 - 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 on 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	7,771,063.	7,621,530.	7,363,227.	6,372,438.	7,112,065.
b Contributions	3,491,261.	3,324,595.	2,824,789.	3,373,522.	2,268,932.
c Net investment earnings, gains, and losses	-158,768.	142,232.	170,917.	194,219.	-99,336.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,475,874.	3,317,294.	2,737,403.	2,576,952.	2,909,223.
f Administrative expenses					
g End of year balance	7,627,682.	7,771,063.	7,621,530.	7,363,227.	6,372,438.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 55.7200 %
- b Permanent endowment 25.6900 %
- c Temporarily restricted endowment 18.5900 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		2,464.	1,320.	1,144.
d Equipment		223,280.	170,303.	52,977.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,121.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) AMOUNT HELD IN TRUST BY OTHERS	2,376,158.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 2,376,158.	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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 - FIN 48 FOOTNOTE:

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, 2015 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE ACCRUAL OF A LIABILITY IN THE CONSOLIDATED FINANCIAL STATEMENTS. NFCR AND AFFILIATES ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS.

PART XI, LINE 2D - OTHER REVENUES INCLUDED ON FINANCIALS, NOT FORM 990:

\$4,950 - RELATED ORGANIZATIONS' REVENUES

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER REVENUES INCLUDED ON FORM 990, NOT FINANCIALS:

\$603,364 - REVENUES ELIMINATED ON THE CONSOLIDATED FINANCIALS

PART XII, LINE 2D - OTHER EXPENSES INCLUDED ON FINANCIALS, NOT FORM 990:

\$17,546 - RELATED ORGANIZATIONS' EXPENSES

PART XII, LINE 4B - OTHER EXPENSES INCLUDED ON FORM 990, NOT FINANCIALS:

\$595,000 - INTERCOMPANY GRANTS ELIMINATED ON THE CONSOLIDATED FINANCIALS

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	CHEMICAL RESEARCH	30,000.	CHECK	30,000.	SEE PART V	FMV
(2)			EAST ASIA/PACIFIC	CANCER RESEARCH	50,000.	CHECK	435,500.	SEE PART V	FMV
(3)			EAST ASIA/PACIFIC	CANCER EVENT SPONSORSHIP	6,840.	CHECK			
(4)			EAST ASIA/PACIFIC	CANCER RESEARCH	550,000.	CHECK			
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **4.**

3 Enter total number of other organizations or entities. **4.**

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* 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 Instructions for Forms 3520 and 3520-A; do not 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 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 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 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 Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to 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 - PROCEDURES FOR MONITORING USE OF GRANTS OUTSIDE USA:

GRANT AND CONTRACT RECIPIENTS ARE REQUIRED TO SUBMIT QUARTERLY

EXPENDITURE REPORTS AND ANNUAL PROGRESS REPORTS TO NFCR.

PART II, LINE 1(1), COLUMN H - DESCRIPTION OF NON-CASH ASSISTANCE:

PROVIDED MATERIALS, CHEMICALS AND EQUIPMENT.

PART II, LINE 1(2), COLUMN H - DESCRIPTION OF NON-CASH ASSISTANCE:

PROVIDED MATERIALS, CHEMICALS, AND EQUIPMENT. GRANTED CONTRACTURAL RIGHT

FOR THE USE OF ITS DATABASE AND SUPERCOMPUTER TIME.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

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 ten 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			
1 MERKLE INC	DIRECT MAIL COUNSEL		X	7,619,604.	45,138.	7,574,466.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				7,619,604.	45,138.	7,574,466.

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, WI,

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
		DC GOLF (event type)	DAFFODILS (event type)	101. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,077.	90,196.	277,630.	433,903.
	2 Less: Contributions	31,100.	63,835.	277,630.	372,565.
	3 Gross income (line 1 minus line 2)	34,977.	26,361.	0.	61,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,470.			23,470.
	7 Food and beverages	13,847.	13,713.		27,560.
	8 Entertainment		2,490.		2,490.
	9 Other direct expenses	7,387.	8,400.	79,428.	95,215.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				148,735.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-87,397.

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				
Direct Expenses	2 Cash prizes				
	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).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE TRANSLATIONAL GENOMICS RESEARCH INSTITU 445 NORTH FIFTH ST. PHOENIX, AZ 85004	75-3065445	501(C)(3)	195,561.				RESEARCH CONTRACTS
(2) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE. BRONX, NY 10461		501(C)(3)	75,000.	46,528.	FMV	CHEMICALS & EQUIP	RESEARCH CONTRACTS
(3) BETH ISRAEL HOSPITAL 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	70,530.				RESEARCH CONTRACTS
(4) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	100,000.				RESEARCH CONTRACTS
(5) DANA-FARBER CANCER INSTITUTE 44 BINNEY ST. BOSTON, MA 02115	04-2263040	501(C)(3)	46,600.				RESEARCH CONTRACTS
(6) MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-1564655	501(C)(3)	237,103.				RESEARCH CONTRACTS
(7) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	331,794.				RESEARCH CONTRACTS
(8) UNIVERSITY OF TEXAS - M.D. ANDERSON CANCER PO BOX 4390 HOUSTON, TX 77210		501(C)(3)	333,429.	18,000.	FMV	CHEMICALS & EQUIP	RESEARCH CONTRACTS
(9) UNIVERSITY OF CALIFORNIA AT SAN DIEGO PO BOX 12385 LA JOLLA, CA 92093		501(C)(3)	49,541.				RESEARCH CONTRACTS
(10) UNIVERSITY OF COLORADO AT DENVER OFFICE OF GRANTS DENVER, CO 80291		501(C)(3)	30,809.				RESEARCH CONTRACTS
(11) UNIVERSITY OF MARYLAND 220 ARCH ST. BALTIMORE, MD 21201		501(C)(3)	46,891.	50,000.	FMV	CHEMICALS & EQUIP	RESEARCH CONTRACTS
(12) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980568 RICHMOND, VA 23298		501(C)(3)	50,000.	10,000.	FMV	CHEMICALS & EQUIP	RESEARCH CONTRACTS

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

3 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	75,049.				RESEARCH CONTRACTS
(2) KUMC RESEARCH INSTITUTE, INC 3901 RAINBOW BLVD KANSAS CITY, KS 66103	48-1108830	501(C)(3)	149,611.				RESEARCH CONTRACTS
(3) MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55468	41-6011702	501(C)(3)	107,632.				RESEARCH CONTRACTS
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.

3 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) (2015)

Part III Grants and Other Assistance to Individuals in the United States. 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 ALBERT SZENT-GYORGYI PRIZE	1.	25,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to 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

NATIONAL FOUNDATION FOR CANCER RESEARCH

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.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 (e.g., 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 in line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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** X
- b** Any related organization? **5b** X
- If "Yes" to 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** X
- b** Any related organization? **6b** X
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** X

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 are not 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 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 FRANKLIN C SALISBURY JR CHIEF EXECUTIVE OFFICER	(i)	313,852.	0.	0.	53,000.	16,338.	383,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SUJUAN BA PRESIDENT/COO	(i)	300,778.	0.	0.	53,000.	12,788.	366,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 YI WANG CHIEF SCIENCE OFFICER	(i)	189,686.	0.	0.	28,398.	2,325.	220,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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

Complete this part to 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3 .	24,840 .	STOCK MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		6 .	590,028 .	
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
CHEMICALS AND EQUIPMENT	X	5.	560,028.	FMV
SUPERCOMPUTER TIME RIGHTS	X	1.	30,000.	DISCOUNTED FMV
TOTALS		<u>6.</u>	<u>590,028.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NATIONAL FOUNDATION FOR CANCER RESEARCH

Employer identification number

04-2531031

PART III, LINE 4A - CANCER RESEARCH PROGRAM 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
ENCOMPASSES A WIDE VARIETY OF FIELDS, MANY OF WHICH COULD ULTIMATELY LEAD
TO A CURE FOR THIS DEADLY DISEASE. BELOW ARE HIGHLIGHTS OF RESEARCH
ACCOMPLISHMENTS MADE BY NFCR-FUNDED SCIENTISTS OVER THE PAST YEAR.

PREVENTION

SELENIUM FOR IMMUNE HEALTH AND CANCER PREVENTION:

A WELL-BALANCED DIET CONTRIBUTES SIGNIFICANTLY TO THE MAINTENANCE OF GOOD
HEALTH, AND NFCR-SPONSORED RESEARCHERS HAVE BEEN INVESTIGATING THE LINKS
BETWEEN NUTRITION AND CANCER PREVENTION FOR DECADES. THEIR LATEST
RESEARCH PUBLICATIONS HAVE FOCUSED ON THE ROLE OF SELENIUM, A NUTRIENT
FOUND IN CERTAIN NUTS, FRUITS, AND MULTI-MICRONUTRIENT SUPPLEMENTS. THE
BODY INCORPORATES SELENIUM INTO SPECIALIZED COMPOUNDS AND PROTEINS THAT
ARE NOT ONLY CRITICAL FOR CHEMOPREVENTION OF CANCER, BUT CAN ALSO IMPROVE
THE FUNCTION OF IMMUNE CELLS TO FIGHT INFECTION - OR EVEN CANCER,
DIRECTLY. WHILE THERE IS NO NEED FOR HEALTHY PEOPLE WITHOUT A DEFICIENCY
TO SUPPLEMENT THEIR SELENIUM INTAKE, FOR THOSE FIGHTING INFECTIONS OR
CANCER IT MAY BE BENEFICIAL. HELMUT SIES, M.D.

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

NEW BIOMARKERS FOR EARLY DETECTION OF OVARIAN CANCER:

SINCE OVARIAN CANCER USUALLY CAUSES FEW SYMPTOMS BEFORE PROGRESS TO THE DEADLY LATE STAGES, IT IS RARELY DETECTED EARLY, EARNING THE NAME "THE SILENT KILLER". IN CASES WHERE IT IS DETECTED EARLY, HOWEVER, THE CURE RATE IS VERY HIGH - OVER 92% OF WOMEN SURVIVE 5 YEARS OR LONGER AFTER DIAGNOSIS. NFCR SCIENTISTS ARE DEVELOPING NEW TESTS THAT CAN GREATLY INCREASE EARLY DETECTION OF OVARIAN CANCER, SAVING PATIENTS' LIVES. THIS INCLUDES A NEW IMMUNOASSAY TO EVALUATE AUTOANTIBODIES AGAINST TP53 MUTANT PROTEINS. IT'S OUR HOPE THAT A STRATEGY COMBINING THIS NEW TEST WITH EXISTING BIOMARKERS WILL GREATLY INCREASE THE SPECIFICITY OF OVARIAN CANCER SCREENING, MAKING LIFE-SAVING TESTS AVAILABLE TO MORE WOMEN.

ROBERT BAST, M.D.

CAPTURING CIRCULATING TUMOR CELLS:

NFCR SCIENTISTS CONTINUE TO REFINE THE CTC-ICHIP, THE REVOLUTIONARY BLOOD TEST THAT CAN CAPTURE EXTRAORDINARILY RARE CIRCULATING TUMOR CELLS FROM A PATIENT'S BLOOD SAMPLE - ONE TUMOR CELL PER BILLION BLOOD CELLS - EXPANDING ITS USE TO PATIENTS WITH BREAST, LUNG, AND A VARIETY OF OTHER CANCER TYPES. THIS TEST MAY OFFER A NEW TOOL TO RAPIDLY DETECT AND EFFECTIVELY TREAT INVASIVE CANCERS IN EARLY STAGES. WITH FURTHER REFINEMENTS, WE HOPE THAT THIS TEST COULD ONE DAY BE USED AS PART OF A ROUTINE SCREENING FOR CANCER SURVIVORS, TO DETECT THE RETURN OF CANCER LONG BEFORE IT WOULD OTHERWISE BE DETECTED WITH CURRENT PROCEDURES.

Name of the organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
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DANIEL HABER, M.D., PH.D.

TREATMENT

MAKING THE CONNECTIONS IN TUMOR GENETICS:

THERE ARE MANY DIFFERENT CANCER TYPES, BUT ALL ARE CONNECTED THROUGH THE FUNDAMENTAL BUILDING BLOCKS OF GENETICS. NFCR-SUPPORTED SCIENTISTS HAVE MADE GREAT STRIDES IN DEEPENING OUR UNDERSTANDING OF TUMOR GENETICS, FOR THE BENEFIT OF PATIENTS. THIS YEAR, AS PART OF AN INTERNATIONAL EFFORT, NFCR SCIENTISTS DISCOVERED THAT MANY PATIENTS WITH GASTRIC CANCER HAVE MUTATIONS IN THE WELL-KNOWN BRCA2 GENE, WHICH MEANS THEY MAY BENEFIT FROM EXISTING TREATMENTS FOR BREAST CANCER. THEY ALSO DISCOVERED A KEY GENETIC FACTOR THAT MAKES BRAIN TUMORS RESISTANT TO TREATMENT, AS WELL AS A GENETIC BIOMARKER THAT WILL HELP DOCTORS CHOOSE WHETHER TO PURSUE EARLY, AGGRESSIVE TREATMENTS FOR THE PATIENTS WITH ENDOMETRIAL CANCER WHO ARE MOST LIKELY TO BENEFIT. WEI ZHANG, PH.D.

NEW PLATFORM FOR RAPID DRUG SCREENING:

DRUG RESISTANCE IS A DEVASTATING PROBLEM FOR CANCER PATIENTS. ALTHOUGH MANY GENETICALLY TARGETED DRUGS ARE EFFECTIVE AT FIRST, THEY ALMOST ALWAYS STOP WORKING AS CANCERS CAN ACTIVIAATE SO-CALLED "ESCAPE PATHWAYS". A TEAM OF NFCR-SUPPORTED RESEARCHERS HAS DEVELOPED A NEW PLATFORM THAT CAN RAPIDLY IDENTIFY EFFECTIVE DRUG COMBINATIONS FOR CERTAIN LUNG CANCER PATIENTS WHOSE TUMORS HAVE STOPPED RESPONDING TO TARGETED THERAPY. USING

Name of the organization NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number 04-2531031
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ADVANCED GENETICS, THIS TEAM IS DESIGNING MORE EFFECTIVE DRUG COMBINATIONS TO BOTH ATTACK CANCER CELLS AND ELIMINATE POTENTIAL ESCAPE PATHWAYS. ALICE SHAW, M.D., PH.D.

IMPROVING SURGERIES FOR BREAST AND SKIN CANCER:
FOR MANY BREAST AND SKIN CANCER PATIENTS, SURGERY IS THE FIRST AND MOST EFFECTIVE TREATMENT OPTION. TOO OFTEN, HOWEVER, PATIENTS LEAVE THE HOSPITAL AFTER SURGERY, ONLY TO LEARN THAT FURTHER TESTING REVEALED TRACES OF CANCER IN THE MARGINS OF THEIR TISSUE. NFCR SCIENTISTS ARE DEVELOPING A NEW ADVANCED MOLECULAR IMAGING PROBE, WHICH ALLOWS SURGEONS TO SEE WITHIN MINUTES WHETHER THE MARGINS OF BREAST CANCER LUMPECTOMIES ARE CANCER-FREE, GREATLY REDUCING THE NEED TO CALL PATIENTS BACK FOR A SECOND SURGERY. JAMES BASILION, PH.D.

REVOLUTIONARY ADOPTIVE IMMUNOTHERAPY:
FOR MANY YEARS, NFCR SCIENTISTS HAVE BEEN HARD AT WORK DEVELOPING A REVOLUTIONARY NEW APPROACH TO TREATING CANCER CALLED ADOPTIVE IMMUNOTHERAPY. IN THIS TECHNIQUE, PATIENTS' OWN IMMUNE CELLS ARE COLLECTED, AND USING GENETIC ENGINEERING THEY ARE "TRAINED" TO RECOGNIZE AND AND DESTROY CANCER CELLS. EARLY IN 2015 A NEW COMPANY, ZIOPHARM, WAS LAUNCHED TO TRANSLATE THIS IMMUNOTHERAPY APPROACH INTO NEW TREATMENTS FOR PATIENTS IN CLINICS ACROSS THE U.S. THIS IS AN EXCELLENT EXAMPLE OF NFCR'S UNIQUE AND SUCCESSFUL APPROACH TO FUNDING CANCER RESEARCH, THE CULMINATION OF MORE THAN A DECADE OF CONTINUOUS SUPPORT THAT WILL HAVE A HUGE IMPACT IN THE LIVES OF CANCER PATIENTS. LAURENCE COOPER, M.D.,

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PH.D.

IN CLINICS NOW IN 2015

NEW FRONT-LINE TREATMENT FOR LUNG CANCER

IN JULY 2015, THE FDA APPROVED THE DRUG IRESSA AS FRONT-LINE TREATMENT FOR PATIENTS WITH NON-SMALL CELL LUNG CANCER (NSCLC). THE APPROVAL IS EXTENDED TO ONLY THOSE PATIENTS WHOSE TUMORS CONTAIN SPECIFIC MUTATIONS - ORIGINALLY IDENTIFIED BY AN NFCR SCIENTIST - THAT MAKE THE DRUG ESPECIALLY EFFECTIVE. NFCR SCIENTISTS ARE LEADING THE WAY IN PERSONALIZED MEDICINE, HELPING NEW TREATMENTS REACH THE PATIENTS WHO WILL BENEFIT THE MOST. DANIEL HABER, M.D., PH.D.

NEW RESEARCH PROGRAM IN 2015

THANKS TO THE COMMITMENT OF OUR DONORS, WE ARE ABLE TO NOT ONLY PROVIDE CRITICAL RESEARCH FUNDING FOR OUR EXISTING PROGRAMS, BUT TO ALSO ADVANCE AN ENTIRELY NEW RESEARCH PROGRAM THAT COULD CHANGE THE TIDE AGAINST THE DEADLIEST BRAIN CANCER - GLIOBLASTOMA (GBM).

UNPRECEDENTED GLOBAL EFFORT TO DEFEAT GLIOBLASTOMA - GBM AGILE:
NFCR HAS PARTNERED WITH OTHER INTERNATIONAL ORGANIZATIONS TO LAUNCH AN UNPRECEDENTED NEW CLINICAL TRIAL TO DEFEAT GLIOBLASTOMA, THE DEADLIEST FORM OF BRAIN CANCER. THIS PROJECT IS TRULY GLOBAL, WITH OVER 150 PARTICIPANTS FROM MORE THAN 40 LEADING CANCER INSTITUTIONS ACROSS THREE

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CONTINENTS. IT IMPLEMENTS A NEW GENERATION OF CLINICAL TRIAL - CALLED AN "ADAPTIVE TRIAL" - WHICH ALLOWS PATIENTS TO BE ENROLLED MORE QUICKLY, RECEIVE TREATMENT WITH MULTIPLE ANTI-CANCER DRUGS SIMULTANEOUSLY, AND DOES NOT REQUIRE YEARS OF FOLLOW-UP TO DETERMINE WHETHER A NEW EXPERIMENTAL TREATMENT IS BENEFICIAL. THIS REVOLUTIONARY "ADAPTIVE, GLOBAL, INNOVATIVE LEARNING ENVIRONMENT" OFFERS A MORE "AGILE" APPROACH TO COMBAT THIS DEADLY DISEASE. ON NOVEMBER 12, 2015, THE GROUP ANNOUNCED THE FORMATION OF THIS UNPRECEDENTED INTERNATIONAL COALITION AND ITS PLAN TO ENROLL PATIENTS BY MID-2016.

PART III, LINE 4B-CANCER EDUCATION TO THE PUBLIC PROGRAM ACCOMPLISHMENTS: NCFR PROVIDES THE PUBLIC WITH FREE PUBLICATIONS CONTAINING VALUABLE INFORMATION ON THE MOST UP-TO-DATE CANCER PREVENTIVE MEASURES, TREATMENT OPTIONS, AND DIAGNOSTIC TOOLS. OUR POWERFUL MESSAGE SENT TO TENS OF MILLIONS OF FAMILIES HAS HELPED 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, A CHILDHOOD CANCER CHART, CANCER PREVENTION KITS, RECIPES FOR HEALTHY LIVING, ELECTRONIC AND PRINTED NEWSLETTERS, THE LATEST CANCER HEADLINES, AND IN-DEPTH ONLINE CANCER INFORMATION.

PART VI, SECTION A, LINE 2 - DIRECTORS/OFFICERS WITH FAMILY RELATIONSHIPS: FRANKLIN SALISBURY, CEO, AND SUJUAN BA, PRESIDENT/COO, ARE HUSBAND AND

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WIFE.

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.
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 MEMBERS' 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 PUBIC 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 FILING 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.

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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,
 WITH WHICH THE FOUNDATION HAS, OR MIGHT REASONABLY 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.

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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 990S OF SIMILAR ORGANIZATIONS, PUBLISHED COMPENSATION SURVEYS, STUDIES AND GUIDES, AND OTHER SOURCES DEEMED APPROPRIATE AT THE TIME.

3. DOCUMENTATION AND RECORDKEEPING:

THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. 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.

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

ATTACHMENT 1

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 PROMOTES AND FACILITATES COLLABORATION AMONG SCIENTISTS TO ACCELERATE THE PACE OF DISCOVERY FROM BENCH TO BEDSIDE.

SINCE 1973, NFCR HAS PROVIDED MORE THAN \$330 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 SCIENTISTS ARE DISCOVERING CANCER'S MOLECULAR MYSTERIES AND TRANSLATING THEIR

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ATTACHMENT 1 (CONT'D)

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

DISCOVERIES INTO THERAPIES THAT HOLD THE HOPE FOR CURING CANCER.

NFCR IS ABOUT SAVING LIVES

NFCR-FUNDED RESEARCHERS ARE MAKING PROGRESS EVERY DAY IN THEIR PURSUIT OF CANCER CURES, AND THIS IS ONLY POSSIBLE WITH THE FINANCIAL SUPPORT OF MILLIONS OF DONORS NATIONWIDE. ONE STEP AT A TIME, WE ARE GETTING CLOSER TO OUR ULTIMATE GOAL-CURING CANCER, ALL TYPES OF CANCER. FOR MORE INFORMATION, PLEASE VISIT WWW.NFCR.ORG.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
REDFIELD & CO. 1901 HOWARD STREET OMAHA, NE 68102	LABEL PRINTING	998,054.
CALMARK GROUP LLC 6755 S. SAYRE AVE BEDFORD PARK, IL 60638	MAILSHOP	883,402.
CP DIRECT INC. 4600 A BOSTON WAY LANHAM, MD 20706	PRINTING	682,421.
MACKAY MITCHELL ENVELOPE CO. 2100 ELM ST. SE	ENVELOPE PRINTING	441,726.

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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MINNEAPOLIS, MN 55414		
KEY ACQUISITION PARTNERS 2525 RIVA ROAD STE 145 ANNAPOLIS, MD 21401	LIST BROKER	320,379.

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DC GOLF	31,100.
DAFFODILS & DIAMONDS	63,835.
LUCY FUND	13,260.
PLAY 4 THE CURE	264,370.
TOTAL	<u>372,565.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DC GOLF	34,977.	44,704.	-9,727.
DAFFODILS & DIAMONDS	26,361.	24,603.	1,758.
LUCY FUND		192.	-192.
PLAY 4 THE CURE		79,236.	-79,236.
TOTALS	<u>61,338.</u>	<u>148,735.</u>	<u>-87,397.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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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) FUND FOR INHERITED DISEASE RESEARCH, INC 4600 EAST-WEST HIGHWAY, #525 BETHESDA, MD 20814 47-0852643	CANCER RESEAR	PA	501(C)3	509(A)(3)	NFCR		X
(2) CONSORTIUM FOR CLINICAL DIAGNOSTICS 4600 EAST-WEST HIGHWAY, #525 BETHESDA, MD 20814 37-1473821	CANCER RESEAR	DC	501(C)3	509(A)(3)	NFCR		X
(3) RESEARCH FOR A CURE 4600 EAST-WEST HIGHWAY, #525 BETHESDA, MD 20814 01-0744146	CANCER RESEAR	DC	501(C)3	509(A)(3)	NFCR		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) NFCR WESTERN CHAPTER	C	380,000.	CASH
(2) NFCR MID-ATLANTIC CHAPTER	C	215,000.	CASH
(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**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NATIONAL FOUNDATION FOR CANCER RESEARCH	Employer identification number (EIN) or 04-2531031
	Number, street, and room or suite no. If a P.O. box, see instructions. 4600 EAST-WEST HIGHWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SUJUAN BA, 4600 EAST-WEST HIGHWAY, SUITE 525 BETHESDA, MD 20814

Telephone No. ► 301 654-1250 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2015 or

► tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

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

Cumulative E-File History 2015	
FED	
Locator:	6287GC
Taxpayer Name:	NATIONAL FOUNDATION FOR CANCER RESEARCH
Return Type:	990, 990
Submitted Date	5/1/2016 8:14:48 PM
Acknowledgement Date	5/1/2016 8:30:32 PM
Status	Accepted
Submission ID	52746520161225000032
Print	Close

Cumulative E-File History 2015	
Federal	
Locator:	6287GC
Taxpayer Name:	NATIONAL FOUNDATION FOR CANCER RESEARCH
Return Type:	990, 990
Submitted Date	8/12/2016 1:16:35 PM
Acknowledgement Date	8/12/2016 1:27:39 PM
Status	Accepted
Submission ID	52746520162255000000
Print	Close