

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization CANCER RESEARCH INSTITUTE</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 29 BROADWAY 4TH FLOOR</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006</p> <p>F Name and address of principal officer: JILL O'DONNELL-TORMEY</p>	<p>D Employer identification number 13-1837442</p> <p>E Telephone number 212-688-7515</p> <p>G Gross receipts \$ 42,321,525.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number ▶</p>
<p>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</p> <p>J Website: ▶ WWW.CANCERRESEARCH.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
		<p>L Year of formation: 1953 M State of legal domicile: NY</p>

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: SEE ON SCHEDULE O</p>	
Activities & Governance	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>	
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3 35
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4 35
	<p>5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)</p>	5 36
	<p>6 Total number of volunteers (estimate if necessary)</p>	6 340
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a 37,398.
	<p>b Net unrelated business taxable income from Form 990-T, Part I, line 11</p>	7b 32,758.
Revenue	<p>8 Contributions and grants (Part VIII, line 1h)</p>	Prior Year: 32,869,987. Current Year: 28,733,665.
	<p>9 Program service revenue (Part VIII, line 2g)</p>	0. 0.
	<p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>	3,074,133. 4,910,453.
	<p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	43,575. 31,032.
	<p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	35,987,695. 33,675,150.
	Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</p>
<p>14 Benefits paid to or for members (Part IX, column (A), line 4)</p>		0. 0.
<p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</p>		4,975,421. 5,038,504.
<p>16a Professional fundraising fees (Part IX, column (A), line 11e)</p>		0. 0.
<p>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,522,149.</p>		
<p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</p>		3,906,089. 4,128,317.
<p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</p>	37,138,977. 31,314,716.	
<p>19 Revenue less expenses. Subtract line 18 from line 12</p>	-1,151,282. 2,360,434.	
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16)</p>	Beginning of Current Year: 146,547,886. End of Year: 130,438,312.
	<p>21 Total liabilities (Part X, line 26)</p>	72,092,251. 63,733,550.
	<p>22 Net assets or fund balances. Subtract line 21 from line 20</p>	74,455,635. 66,704,762.

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	<p>Signature of officer</p> <p>ALFRED MASSIDAS, CFO/DIR. OF HUMAN RESOURCES</p> <p>Type or print name and title</p>	<p>Date</p>
Paid Preparer Use Only	<p>Print/Type preparer's name CANDICE METH</p>	<p>Preparer's signature <i>Candice Meth</i></p>
	<p>Firm's name ▶ EISNER ADVISORY GROUP LLC</p> <p>Firm's address ▶ 733 THIRD AVENUE NEW YORK, NY 10017-2703</p>	<p>Date 2/6/2023</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN P01306891</p> <p>Firm's EIN ▶ 87-1353108</p> <p>Phone no. 212-949-8700</p>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. CANCER RESEARCH INSTITUTE	Taxpayer identification number (TIN) 13-1837442
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 29 BROADWAY 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10006	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

ALFRED MASSIDAS

• The books are in the care of ▶ **29 BROADWAY 4TH FL - NEW YORK, NY 10006**

Telephone No. ▶ **212-688-7515** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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 Forms 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 Forms 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-TE and Form 8879-TE for payment instructions.

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: THE CANCER RESEARCH INSTITUTE'S MISSION IS TO SAVE MORE LIVES BY FUELING THE DISCOVERY AND DEVELOPMENT OF POWERFUL IMMUNOTHERAPIES FOR ALL TYPES OF CANCER. TO ACCOMPLISH THIS, CRI FUNDS LABORATORY, TRANSLATIONAL, AND CLINICAL RESEARCH (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 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 \$ 2,533,000. including grants of \$ 2,533,000.) (Revenue \$) CLINIC AND LABORATORY INTEGRATION PROGRAM: THE CRI CLINIC AND LABORATORY INTEGRATION PROGRAM (CLIP) SUPPORTS QUALIFIED SCIENTISTS WHO ARE WORKING TO EXPLORE CLINICALLY RELEVANT QUESTIONS AIMED AT IMPROVING THE EFFECTIVENESS OF CANCER IMMUNOTHERAPIES. THE PROGRAM FUNDS BASIC, PRECLINICAL, AND TRANSLATIONAL RESEARCH THAT CAN BE APPLIED DIRECTLY TO OPTIMIZING CANCER IMMUNOTHERAPY IN THE CLINIC. CLIP GRANTS PROVIDE UP TO \$200,000 OVER TWO YEARS.

4b (Code:) (Expenses \$ 7,500,000. including grants of \$ 7,500,000.) (Revenue \$) THE LLOYD J. OLD STAR PROGRAM, LAUNCHED IN 2019, PROVIDES GRANTS OF \$1.25 MILLION OVER 5 YEARS TO MID-CAREER SCIENTISTS. THIS LONG-TERM FUNDING IS NOT TIED TO A SPECIFIC RESEARCH PROJECT, BUT RATHER AIMS TO PROVIDE A DEGREE OF FLEXIBILITY AND FREEDOM FOR INVESTIGATORS TO EXPLORE OUT-OF-THE-BOX AND DISRUPTIVE AVENUES OF RESEARCH. CANDIDATES SELECTED FOR THIS AWARD ARE EXPECTED TO BE FUTURE "STARS" IN THE FIELD OF CANCER IMMUNOLOGY: SCIENTISTS TAKING RISKS.

4c (Code:) (Expenses \$ 5,538,593. including grants of \$ 5,538,593.) (Revenue \$) THE CRI IRVINGTON POSTDOCTORAL FELLOWSHIP PROGRAM, INCLUDING DESIGNATED FUNDING TO ENABLE GREATER RACIAL AND ETHNIC DIVERSITY AMONG SCIENTISTS WITHIN THE FIELD, PROVIDES SUPPORT TO FUND AND TRAIN YOUNG IMMUNOLOGISTS AND CANCER IMMUNOLOGISTS AT TOP UNIVERSITIES AND RESEARCH CENTERS AROUND THE WORLD. FELLOWS RECEIVE UP TO \$175,500 OVER THREE YEARS TO COVER THE COST OF STIPEND OR SALARY, INSURANCE, AND OTHER RESEARCH-RELATED EXPENSES, SUCH AS TRAVEL TO CONFERENCES AND MEETINGS. OF THE MORE THAN 1,400 CRI POSTDOCTORAL FELLOWS FUNDED TO DATE, MANY HAVE SINCE BECOME HEADS OF MAJOR MEDICAL RESEARCH INSTITUTES, ACADEMIC LEADERS IN PRESTIGIOUS UNIVERSITIES, AND ADMIRER MENTORS TO THE NEXT GENERATION OF IMMUNOLOGISTS AND TUMOR IMMUNOLOGISTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 10,116,303. including grants of \$ 6,576,302.) (Revenue \$)

4e Total program service expenses 25,687,896.

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 Rev. Proc. 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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on 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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	35	
b	Enter the number of voting members included on line 1a, above, who are independent	35	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY, AL, AK, AZ, AR, CA, CT, CO, DC, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
ALFRED MASSIDAS - 212-688-7515
29 BROADWAY 4TH FL, NEW YORK, NY 10006

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL O'DONNELL-TORMEY, PH.D. CEO/DIR. OF SCIENTIFIC AFFAIRS	40.00 0.00			X				500,953.	0.	63,050.
(2) ALFRED R. MASSIDAS CFO/DIR. OF HUMAN RESOURCES	40.00 0.00			X				324,388.	0.	77,455.
(3) LYNNE A. RAPINO CHIEF PROGRAM OFFICER	40.00 0.00				X			268,914.	0.	75,404.
(4) JAY R. CAMPBELL MANAGING DIR. OF CRI CLINICAL ACCELE	40.00 0.00				X			249,581.	0.	53,388.
(5) SHARON S. SLADE CHIEF MARKETING OFFICER	40.00 0.00				X			244,521.	0.	53,960.
(6) BRIAN M. BREWER CHIEF COMMUNICATIONS OFFICER	40.00 0.00				X			200,270.	0.	54,190.
(7) RUPINDER KAUR CHIEF INFORMATION OFFICER	40.00 0.00				X			174,281.	0.	51,354.
(8) DEANNE T. MARBACH DIRECTOR OF MAJOR GIFTS	40.00 0.00					X		136,458.	0.	47,364.
(9) QING HUA ZHANG CONTROLLER	40.00 0.00					X		133,888.	0.	47,133.
(10) MARLA S. LAWSON ASSOC. DIR. OF CORPORATE AND FOUNDAT	40.00 0.00					X		119,981.	0.	45,778.
(11) SHASELL NEGRON ASSOC. DIR. OF COMMUNITY FUNDRAISING	40.00 0.00					X		110,151.	0.	40,228.
(12) SAMIK K. UPADHAYA ASST. DIR. OF SCIENTIFIC AFFAIRS	40.00 0.00					X		110,144.	0.	34,277.
(13) ALEX MISHUROV TRUSTEE	0.50 0.00	X						0.	0.	0.
(14) ALEXANDER P. LYNCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) ANDREW K. TSAI CHAIRMAN	4.00 0.00	X		X				0.	0.	0.
(16) ANDREW M. PAUL VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(17) BRIAN J. BRILLE TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE TUFT TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) DONALD J. GOGEL VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(20) EDGAR R. BERNER VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(21) FRANK V. SICA TRUSTEE	0.50 0.00	X						0.	0.	0.
(22) GEOFFREY O. COLEY TREASURER	3.00 0.00	X		X				0.	0.	0.
(23) GLENN J. DESIMONE TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) JACQUES C. NORDEMAN VICE CHAIRMAN (THRU 11/21)	1.00 0.00	X		X				0.	0.	0.
(25) JAMES A. STERN TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) JIM WEISS TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,573,530.	0.	643,581.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,573,530.	0.	643,581.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOCIEDAD ADVERTISING 20 STUYVESANT OVAL #7F, NEW YORK, NY 10009	ADVERTISING	211,989.
TIC TOC ADVERTISING, INC 2159 INDIA ST., SAN DIEGO, CA 92101	ADVERTISING	140,127.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LAUREN S. VERONIS TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) LIEF D. ROSENBLATT TRUSTEE	0.50 0.00	X						0.	0.	0.
(29) MARGOT E. FREEDMAN TRUSTEE	0.50 0.00	X						0.	0.	0.
(30) MICHAEL B. TARGOFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) MICHAEL J. PETRICK TRUSTEE	0.50 0.00	X						0.	0.	0.
(32) MICHAEL M. KELLEN TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) MICHAEL R. CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MITRA LOHRASBPOUR TRUSTEE	4.00 0.00	X						0.	0.	0.
(35) OLIVER R. GRACE JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) PAUL C. SHIVERICK CHAIRMAN	4.00 0.00	X		X				0.	0.	0.
(37) PETER L. BLOOM TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) PETER ZHOU TRUSTEE	1.50 0.00	X						0.	0.	0.
(39) ROBERT S. STOLAR TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) RONALD G. WEINER TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) SANDRA COUDERT GRAHAM TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) SARAH KIM TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) SEAN P. FAHEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) THOMAS G. MENDELL SECRETARY	1.00 0.00	X		X				0.	0.	0.
(45) TONY ALVAREZ II TRUSTEE	0.50 0.00	X						0.	0.	0.
(46) W. ROBERT DAHL TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 559,676.				
	b	Membership dues	1b				
	c	Fundraising events	1c 675,506.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 710,150.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 26,788,333.				
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		28,733,665.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		548,584.	119.	548,465.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				156,792.			
	b	Less: rental expenses ...	6b 135,316.				
	c	Rental income or (loss)	6c 21,476.				
	d	Net rental income or (loss)		21,476.		21,476.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				12,872,928.			
	b	Less: cost or other basis and sales expenses	7b 8,511,059.				
	c	Gain or (loss)	7c 4,361,869.				
d	Net gain or (loss)		4,361,869.	37,279.	4324590.		
8 a	Gross income from fundraising events (not including \$ 675,506. of contributions reported on line 1c). See Part IV, line 18						
			0.				
			0.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	9,556.	9,556.		
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		9,556.			
12	Total revenue. See instructions		33,675,150.	9,556.	37,398.	4894531.	

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 ...	21,177,895.	21,177,895.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	970,000.	970,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,513,200.	839,095.	680,053.	994,052.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,702,495.	715,262.	242,856.	744,377.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,853.	59,933.	22,946.	51,974.
9 Other employee benefits	462,123.	194,953.	80,297.	186,873.
10 Payroll taxes	225,833.	84,844.	46,474.	94,515.
11 Fees for services (nonemployees):				
a Management				
b Legal	74,869.	15,223.	59,646.	
c Accounting	95,472.		95,472.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	468,783.		468,783.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,461,173.	833,900.	62,678.	564,595.
12 Advertising and promotion	617,905.	371,183.	3,198.	243,524.
13 Office expenses	323,548.	53,369.	24,885.	245,294.
14 Information technology				
15 Royalties				
16 Occupancy	461,187.	194,103.	106,073.	161,011.
17 Travel	77,382.	18,668.	23,896.	34,818.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,164.	18,066.	9,936.	17,162.
23 Insurance	62,029.		62,029.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & MAIN	324,389.	114,624.	43,039.	166,726.
b OTHER EXPENSES AND FEES	93,668.	26,778.	49,662.	17,228.
c FILING FEE	22,748.		22,748.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	31,314,716.	25,687,896.	2,104,671.	3,522,149.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	32,489,290.	1	14,456,208.	
	2 Savings and temporary cash investments	1,992,539.	2	0.	
	3 Pledges and grants receivable, net	38,016,143.	3	28,317,202.	
	4 Accounts receivable, net	109,931.	4	39,970.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	418,519.	9	426,189.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 658,834.			
	b Less: accumulated depreciation	10b 516,625.	144,870.	10c	142,209.
	11 Investments - publicly traded securities	17,171,478.	11	22,457,949.	
	12 Investments - other securities. See Part IV, line 11	56,205,116.	12	64,598,585.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	146,547,886.	16	130,438,312.		
Liabilities	17 Accounts payable and accrued expenses	1,010,101.	17	712,546.	
	18 Grants payable	70,340,459.	18	62,989,463.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	710,150.	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,541.	25	31,541.	
	26 Total liabilities. Add lines 17 through 25	72,092,251.	26	63,733,550.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	48,911,945.	27	42,501,270.	
	28 Net assets with donor restrictions	25,543,690.	28	24,203,492.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	74,455,635.	32	66,704,762.	
33 Total liabilities and net assets/fund balances	146,547,886.	33	130,438,312.		

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	33,675,150.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,314,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,360,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,455,635.
5	Net unrealized gains (losses) on investments	5	-9,485,458.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-625,849.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,704,762.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 checked="" type="checkbox"/> Separate basis <input 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23657555.	40376590.	35256709.	32869987.	28733665.	160894506
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23657555.	40376590.	35256709.	32869987.	28733665.	160894506
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)						45703804.
6 Public support. Subtract line 5 from line 4.						115190702

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	23657555.	40376590.	35256709.	32869987.	28733665.	160894506
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	321,264.	441,074.	621,444.	274,125.	569,941.	2227848.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			465.	7,073.	37,398.	44,936.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,026.	142,978.	1,154.	25,594.	9,556.	219,308.
11 Total support. Add lines 7 through 10						163386598
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	70.50	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.59	%
16a 33 1/3% support test - 2021. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization'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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

CANCER RESEARCH INSTITUTE

Employer identification number

13-1837442

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

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

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

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

Name of organization CANCER RESEARCH INSTITUTE	Employer identification number 13-1837442
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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	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,728,468.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,066,565.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CANCER RESEARCH INSTITUTE	Employer identification number 13-1837442
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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
7	<hr/> <hr/> <hr/>	\$ 597,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 710,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CANCER RESEARCH INSTITUTE	Employer identification number 13-1837442
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CANCER RESEARCH INSTITUTE	Employer identification number 13-1837442
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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 info. once.) ▶ \$ _____
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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: CANCER RESEARCH INSTITUTE; Employer identification number: 13-1837442

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	10,885,794.	8,309,311.	8,200,942.	7,939,697.	7,487,170.
b Contributions	19,500.	24,180.	21,700.	33,734.	27,900.
c Net investment earnings, gains, and losses	-1,053,125.	2,552,303.	297,442.	377,937.	668,731.
d Grants or scholarships					
e Other expenditures for facilities and programs			210,773.	150,426.	244,104.
f Administrative expenses					
g End of year balance	9,852,169.	10,885,794.	8,309,311.	8,200,942.	7,939,697.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 57.0000 %
 - b Permanent endowment 36.0000 %
 - c Term endowment 7.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		110,205.	44,370.	65,835.
d Equipment		548,629.	472,255.	76,374.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 142,209.

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) PRIVATE EQUITY	32,517,731.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	9,964,277.	END-OF-YEAR MARKET VALUE
(C) FUND-OF-FUNDS	22,116,577.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	64,598,585.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSIT	31,541.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,541.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	28,858,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,485,458.	
b	Donated services and use of facilities	2b	543,693.	
c	Recoveries of prior year grants	2c	63,095.	
d	Other (Describe in Part XIII.)	2d	4,531,239.	
e	Add lines 2a through 2d	2e		-4,347,431.
3	Subtract line 2e from line 1	3		33,206,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	468,783.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		468,783.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		33,675,150.

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

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

1	Total expenses and losses per audited financial statements		1	36,472,872.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	543,693.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,083,246.	
e	Add lines 2a through 2d	2e		5,626,939.
3	Subtract line 2e from line 1	3		30,845,933.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	468,783.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		468,783.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		31,314,716.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE INSTITUTE FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE INSTITUTE, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME. BECAUSE OF THE INSTITUTE'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD,

Part XIII Supplemental Information *(continued)*

AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE INSTITUTE'S
FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CANCELLATION OF GRANTS IN THE AMOUNT OF \$4,531,239,
INCLUDED IN REVENUE PER AUDITED FINANCIAL STATEMENTS,
BUT NOT INLCUED IN REVENUE PER THE RETURN.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE ACCOUNTS IN THE AMOUNT OF \$5,083,246,
INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS,
BUT NOT INCLUDED IN EXPENSES PER THE RETURN.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

CANCER RESEARCH INSTITUTE

13-1837442

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		63,263,265.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		770,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		200,000.
NORTH AMERICA	0	0	INVESTMENTS		1,000,000.
3 a Subtotal	0	0			65,233,265.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			65,233,265.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	200,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	183,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	200,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	186,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	186,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities

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; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

CANCER RESEARCH INSTITUTE INC. REQUIRES GRANT RECIPIENTS TO COMPLY WITH STATED TERMS AND CONDITIONS GOVERNING EACH PROGRAM, INCLUDING THE SUBMISSION OF ANNUAL PROGRESS REPORTS AND, WHERE APPLICABLE, INSTITUTION-GENERATED FINANCIAL REPORTS. DISBURSEMENT OF FUNDS IS CONTINGENT UPON ACCEPTANCE OF THESE TERMS AND TIMELY SUBMISSION OF REPORTS.

PART I, LINE 3:

AMOUNTS REPORTED ON THE ACCRUAL BASIS.

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 (add col. (a) through col. (c))	
		AWARDS DINNER (event type)	LANDESMAN LADIES NIGHT (event type)	4 (total number)		
Revenue	1	Gross receipts	287,432.	275,513.	112,561.	675,506.
	2	Less: Contributions	287,432.	275,513.	112,561.	675,506.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CANCER RESEARCH INSTITUTE** Employer identification number **13-1837442**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY 16 DIVINITY AVENUE CAMBRIDGE, MA 02138	04-2103580	501C(3)	186,000.	0.			RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139-4307	04-2103594	501C(3)	186,000.	0.			RESEARCH
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501C(3)	1,611,500.	0.			RESEARCH
BRIGHAM & WOMEN'S HOSPITAL/HARVARD MEDICAL SCHOOL - 75 FRANCIS STREET - BOSTON, MA 02115	04-2312909	501C(3)	372,000.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501C(3)	652,000.	0.			RESEARCH
YALE UNIVERSITY SCHOOL OF MEDICINE - PO BOX 208055 333 CEDAR STREET - NEW HAVEN, CT 06520-8055	06-0646973	501C(3)	586,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 35.

3 Enter total number of other organizations listed in the line 1 table ▶ 4.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501C(3)	1,250,000.	0.			RESEARCH
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501C(3)	361,500.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1624182	501C(3)	547,500.	0.			RESEARCH
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH STREET NEW YORK, NY 10036	13-3727250	501C(3)	983,554.	0.			RESEARCH
NEW YORK UNIVERSITY MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501C(3)	351,000.	0.			RESEARCH
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 701 W. 168TH STREET - NEW YORK, NY 10032	13-5598093	501C(3)	200,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1425 MADISON AVENUE BOX 1630 - NEW YORK, NY 10029	13-6171197	501C(3)	375,500.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1918 UNIVERSITY BLVD. - BIRMINGHAM, AL 35294	16-3600539	501C(3)	200,000.	0.			RESEARCH
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT CHARLOTTESVILLE, VA 22903	20-5744808	501C(3)	60,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 3400 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352685	501C(3)	674,274.	0.			RESEARCH
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 15 CHESTNUT STREET - PHILADELPHIA, PA 19106	23-6251648	501C(3)	100,000.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH - SEATTLE, WA 98109	23-7156071	501C(3)	115,000.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030-3105	23-7187838	501C(3)	200,000.	0.			RESEARCH
THE UNIVERSITY OF PITTSBURGH 107 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501C(3)	175,500.	0.			RESEARCH
SAGE BIONETWORKS 2901 THIRD AVENUE SEATTLE, WA 98121-1031	26-4489946	501C(3)	1,867,282.	0.			RESEARCH
UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK STREET MADISON, WI 53715	39-6006492	501C(3)	386,000.	0.			RESEARCH
UNIVERSITY OF MINNESOTA 100 CHURCH STREET S.E. MINNEAPOLIS MINNEAPOLIS, MN 55455	41-6007513	501C(3)	122,000.	0.			RESEARCH
PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY - ONE LETTERMAN DRIVE - SAN FRANCISCO, CA 94129	47-3355381	501C(3)	519,995.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES - 4 CENTER DRIVE - BETHESDA, MD 20892-0460	52-0858115	501C(3)	175,500.	0.			RESEARCH
GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE - 3700 O STREET N.W. - WASHINGTON DC, DC 20057	53-0196603	501C(3)	200,000.	0.			RESEARCH
NATIONAL CANCER INSTITUTE 3000 ROCKVILLE PIKE BETHESDA, MD 20892-7302	53-0196960	501C(3)	200,000.	0.			RESEARCH
DUKE UNIVERSITY SCHOOL OF MEDICINE 308 RESEARCH DRIVE DURHAM, NC 27708	56-0532129	501C(3)	200,000.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501C(3)	1,825,500.	0.			RESEARCH
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390-9002	75-6002868	501C(3)	200,000.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	91-6001537	501C(3)	301,000.	0.			RESEARCH
STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305	94-1156365	501C(3)	1,425,500.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 513 PARNASSUS AVENUE - SAN FRANCISCO, CA 94122	94-6036493	501C(3)	3,644,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALK INSTITUTE THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501C(3)	175,500.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501C(3)	361,500.	0.			RESEARCH
SURGE 700 MAIN STREET CAMBRIDGE, MA 02139	30-0961988		100,000.	0.			RESEARCH
CARTOGRAPHY BIOSCIENCES 1118 CHESS DRIVE FOSTER CITY, CA 94404	85-3053435		100,000.	0.			RESEARCH
REMLIR BIO 2747 BEECHWOOD BLVD PITTSBURGH, PA 15217	87-2538839		80,000.	0.			RESEARCH
CELL INFINITY BIO 520 WEST CAMPUS DRIVE WEST HAVEN, CT 06516	87-1869632		100,000.	0.			RESEARCH

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

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

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

PART I, LINE 2:

CANCER RESEARCH INSTITUTE INC. REQUIRES GRANT RECIPIENTS TO COMPLY WITH
 STATED TERMS AND CONDITIONS GOVERNING EACH PROGRAM, INCLUDING THE
 SUBMISSION OF ANNUAL PROGRESS REPORTS AND, WHERE APPLICABLE,
 INSTITUTION-GENERATED FINANCIAL REPORTS. DISBURSEMENT OF FUNDS IS
 CONTINGENT UPON ACCEPTANCE OF THESE TERMS AND TIMELY SUBMISSION OF REPORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **CANCER RESEARCH INSTITUTE**
 Employer identification number: **13-1837442**

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?
 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?
b Any related organization?
 If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JILL O'DONNELL-TORMEY, PH.D. CEO/DIR. OF SCIENTIFIC AFFAIRS	(i)	500,953.	0.	0.	29,000.	34,050.	564,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALFRED R. MASSIDAS CFO/DIR. OF HUMAN RESOURCES	(i)	324,388.	0.	0.	29,000.	48,455.	401,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNNE A. RAPINO CHIEF PROGRAM OFFICER	(i)	268,914.	0.	0.	27,000.	48,404.	344,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAY R. CAMPBELL MANAGING DIR. OF CRI CLINICAL ACCELE	(i)	249,581.	0.	0.	5,208.	48,180.	302,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON S. SLADE CHIEF MARKETING OFFICER	(i)	244,521.	0.	0.	24,500.	29,460.	298,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN M. BREWER CHIEF COMMUNICATIONS OFFICER	(i)	200,270.	0.	0.	20,250.	33,940.	254,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RUPINDER KAUR CHIEF INFORMATION OFFICER	(i)	174,281.	0.	0.	17,500.	33,854.	225,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEANNE T. MARBACH DIRECTOR OF MAJOR GIFTS	(i)	136,458.	0.	0.	13,500.	33,864.	183,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) QING HUA ZHANG CONTROLLER	(i)	133,888.	0.	0.	13,350.	33,783.	181,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARLA S. LAWSON ASSOC. DIR. OF CORPORATE AND FOUNDAT	(i)	119,981.	0.	0.	12,050.	33,728.	165,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHASELL NEGRON ASSOC. DIR. OF COMMUNITY FUNDRAISING	(i)	110,151.	0.	0.	11,125.	29,103.	150,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CANCER RESEARCH INSTITUTE

Employer identification number

13-1837442

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

THE CANCER RESEARCH INSTITUTE'S MISSION IS TO SAVE MORE LIVES BY
FUELING THE DISCOVERY AND DEVELOPMENT OF POWERFUL IMMUNOTHERAPIES FOR
ALL TYPES OF CANCER.

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

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CRI ANNA-MARIA KELLEN CLINICAL ACCELERATOR PROGRAM IS AN ACTIVELY
MANAGED VENTURE PHILANTHROPY PROGRAM DESIGNED TO SPEED THE DEVELOPMENT
OF CANCER IMMUNOTHERAPIES. THIS MODEL FACILITATES RESEARCH
COLLABORATION ACROSS LEADING BIOPHARMA COMPANIES AND AMONG 90 OF THE
WORLD'S TOP CANCER RESEARCHERS. THE PROGRAM AIMS TO IDENTIFY AND
KICK-START DEVELOPMENT OF NEXT-GENERATION COMBINATION TREATMENTS USING
THE MOST PROMISING DRUGS FROM DISPARATE COMPANIES. EACH PHILANTHROPIC
INVESTMENT BRINGS A NEW CANCER TREATMENT TO PATIENTS, EMPOWERS ACADEMIC
RESEARCHERS TO WORK MORE CLOSELY WITH INDUSTRY, AND CREATES THE
POTENTIAL FOR SIGNIFICANT FUTURE RETURNS ON INVESTMENT BACK TO CRI TO
MAKE THE PHILANTHROPIC VENTURE FUND SELF-SUSTAINING.

Name of the organization CANCER RESEARCH INSTITUTE	Employer identification number 13-1837442
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TECHNOLOGY IMPACT AWARD: THE CRI TECHNOLOGY IMPACT AWARD PROVIDES SEED FUNDING OF UP TO \$200,000 TO BE USED OVER 24 MONTHS TO ADDRESS THE GAP BETWEEN TECHNOLOGY DEVELOPMENT AND CLINICAL APPLICATION OF CANCER IMMUNOTHERAPIES.

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

EXPENSES \$ 10,116,303. INCLUDING GRANTS OF \$ 6,576,302. REVENUE \$ 0.

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

THE CEO AND THE CFO WORK WITH THE AUDIT FIRM TO PREPARE THE TAX RETURNS. A DRAFT COPY IS CIRCULATED TO THE ENTIRE BOARD FOR REVIEW AND COMMENTS, AFTER WHICH IT IS SIGNED AND FILED WITH RELEVANT AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD AND THE ENTIRE STAFF ARE GIVEN THE CONFLICT OF INTEREST DOCUMENT. THEY ARE ASKED TO ANSWER ALL QUESTIONS AND MAKE THE NECESSARY DECLARATIONS AND THEN SIGN THE DOCUMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO IS DETERMINED BY USING COMPARABLE DATA AND IS REVIEWED BY THE BOARD OF TRUSTEES CO-CHAIRMEN.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, AL, AK, AZ, AR, CA, CT, CO, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY,

Name of the organization

CANCER RESEARCH INSTITUTE

Employer identification number

13-1837442

DE

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES - INCLUDE THE CHANGE IN VALUE OF PERPETUAL TRUST OF (\$136,937), A RETURN OF GRANT FUNDS IN THE AMOUNT OF \$63,095, EARLY GRANT TERMINATIONS IN THE AMOUNT OF \$4,531,239, AND LOSS ON UNCOLLECTIBLE ACCOUNTS IN THE AMOUNT OF (\$5,083,246).

Related Organizations and Unrelated Partnerships

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

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

Name of the organization **CANCER RESEARCH INSTITUTE** Employer identification number **13-1837442**

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

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

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.

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?

	Yes	No
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)		X
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

