990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

_	Car tha	2010 aaland	lar veer ar tey veer begin	nin a		2010 and an	J:n.a.		20		
_			lar year, or tax year begin			, 2018, and end	aing	_	, 20		
В	Check if a	applicable:	C Name of organization Neur	oendocrine Tumor E	Research Fo	undation			Employer identification no.		
	Address c	change	Doing business as						20-1945347		
	Name cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street add	dress)		Room/suite		Telephone number		
	Initial retu	ırn	321 Columbus Av	renue			5R (617)946-178				
	Final retur	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal co	ode			9	Gross receipts		
	Amended	ended return Boston, MA 02116					\$ 4,609,40				
	Application	ication pending F Name and address of principal officer: Elyse Gellerman					H(a) Is this a group	return for	subordinates? Yes No		
			Same as C above	.			H(b) Are all subo	rdinates	included? Yes No		
	Tax-exem	npt status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or 527		If "No,"	attach a	list. (see instructions)		
J	Website:		rf.org	· · · · · · · · · · · · · · · · · · ·	<u> </u>		H(c) Group exe	mption r	number ►		
		rganization: X		ociation Other ►	I Ye	ear of formation: 20			domicile: MA		
	rt I	Summar		ocidion other -	12 10	20	Otata	or logar	dominic. III		
			•	on or most significant activit	ios: To fun	d magaamah	+0 diago				
	'	-	-	=					ures & more		
ခွ				carcinoid, pancrea							
Governance				mmitted to improvi			e affected	by :	neuroendocrine		
ern				mation & education							
Š	2		=	discontinued its operations		nore than 25% of	its net assets.	ı	I		
∞	3	Number of v	oting members of the gove	rning body (Part VI, line 1a)				3	11		
Activities &	4	Number of in	ndependent voting member	s of the governing body (Pa	rt VI, line 1b) .			4	11		
	5	Total numbe	er of individuals employed in	calendar year 2018 (Part V	/, line 2a)			5	5		
Ę	6	Total numbe	er of volunteers (estimate if i	necessary)				6			
•	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12	2			7a	0		
	b	Net unrelate	ed business taxable income	from Form 990-T, line 38				7b	0		
							Prior Year		Current Year		
	8	Contributions	s and grants (Part VIII, line	1h)			2,047	.426	4,207,348		
ē	9	Program ser	,	0							
en	10	·	ncome (Part VIII, column (A		245,13		402,052				
Revenue			, , ,	,, , , , ,			243	,110	402,032		
-	11			es 5, 6d, 8c, 9c, 10c, and 11	,				1 500 100		
	12			must equal Part VIII, column			2,292				
	13		similar amounts paid (Part I				5,261	,043	4,432,095		
	14								0		
ģ	15			benefits (Part IX, column (A				,648			
Expense	16a	Professional	I fundraising fees (Part IX, o	column (A), line 11e)			13	,213	0		
<u>B</u>	b	Total fundrai	ising expenses (Part IX, col	umn (D), line 25) ▶	25	5,878					
ш	17	Other expen	ises (Part IX, column (A), lir	nes 11a-11d, 11f-24e)	· · · · · · · · ·		405	,223	568,659		
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), li	ne 25)		6,307	, 127	5,685,627		
	19	Revenue les	ss expenses. Subtract line	18 from line 12	· · · · · · · · ·		(4,014	,591) (1,076,227)		
P 6	3					В	eginning of Curren	Year	End of Year		
Net Assets or	20	Total assets	(Part X, line 16)				18,814	,091	19,059,036		
ASS	21	Total liabilitie	es (Part X, line 26)		. .		4,491	,911	6,709,907		
Ž	22	Net assets of	or fund balances. Subtract	line 21 from line 20	. .		14,322				
Pa	rt II	Signatu	ire Block			<u> </u>	•				
				n, including accompanying schedule	es and statements, and	d to the best of my kno	owledge and belief, i	is			
true	, correct, a	and complete. De	claration of preparer (other than offi	cer) is based on all information of wh	hich preparer has any	knowledge.					
Sig	n	Signatur	re of officer					Date			
Hei		F1	a Callamman Chia	f Eugentine Office							
, 1 C 1	G		print name and title	f Executive Office	ST.						
					Da	ato	a \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
D-:			eparer's name	Preparer's signature			Check X		PTIN		
Pai		Elaine		Elaine Renz	91 05	-07-2019	self-employ	ed	P00624491		
	parer			enzi, CPA, LLC			Firm's EIN ►				
US	e Only	Firm's addres					Phone no.				
			Franklin	MA 02038			5	08-5	28-8813		
May	the ID	S discuss this	return with the preparer sh	own above? (see instruction	ne)				▼ Yes No		

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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44-		37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f		TIE		Λ
•	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			21
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
_	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Neuroendocrine Tumor Research Foundation

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i> 3	20a		- 21
b	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots \dots \dots \dots \dots \dots$	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.	, -		7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Neuroendocrine Tumor Research Foundation

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 three

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI								
Section A.	Section A. Governing Body and Management								

OCC	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3.7
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		7	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed California, Massachusetts, New York California, Massachusetts, Massachusetts, New York California, Massachusetts, Massachusetts	k		
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.			
	☐ Another's website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Elyse Gellerman (617)946-1780. 321 Columbus Avenue. Boston. MA 02116			

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

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

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

	<u> </u>			(C)				
(A)	(B)	Position				(D)	(E)	(F)	
Name and Title	Average	١ ,			nore than one rson is both an		Reportable	Reportable	Estimated
	hours per week (list any	officer and			ector	/trustee)	compensation from	compensation from related	amount of other
	hours for related	9 7	=	o		ΦЯ	the	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization
	below dotted line)	tor tru	onal t		nploye	t com			and related organizations
	,	istee	truste		ě	pens			
			Ф			ated			
(1) Dr. Joseph Li	4.00								
Chair		Х		Χ			C	0	0
(2) Carol Branaman Vice Chair	4.00_	X		Х					_
(3) Josh Mailman	4.00	Λ		Λ				0	0
Treasurer	_ 4.00_	X		X				0	o
(4) Dr. James Panagis	4.00	21		25					
Clerk		X		Х				0	0
(5) Stephen Blackwood	4.00								-
Director		X						0	0
(6) Antony Detre	4.00								
Director		Х					C	0	0
(7) Todd Gilman	4.00								
Director		Х					C	0	0
(8) Stephen Kaufer	4.00								
Director		Х					(0	0
(9) Jonathan Soroff	4.00	3.7						_	_
Director		Х					(0	0
(10)Nicholas Vantzelfde	4.00	Х							
Director	4 00	Λ						0	0
(11)Brendan Foley Director	4.00	Х						0	0
(12)Elyse Gellerman	40.00	Λ							0
Chief Executive Officer	40.00			Х			174,190	0	0
(13)Iphigenia Tzameli	40.00			25			174,150		
77						Х	137,692	0	О
(14)									

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	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	unless r and	a dire	tion ore th on is	nan one both an one trustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f org ar	(F) stimated mount of other opensatio rom the ganizatio d related anization	on on d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)													
<u>(24)</u>													
(25)													
С	Sub-total	n A		 					311,882 than \$100,000 of				0
	reportable compensation from the organization									2		Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	J for such incortable comp	<i>dividu</i> ensati	al on a	nd o	ther	comp	• • ensa	tion from the		3		X
	individual	ompensation	 from a	 ny u	 nrela	 ated	 I orgar	 nizati	on or individual		5	Х	X
	on B. Independent Contractors Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of	services		(C) pensation	a
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) w	vho					

Part VIII	Statement of	Revenue
-----------	--------------	---------

		Check if Schedule O contains a response of	or note to any line in th	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function revenue	business revenue	excluded from tax under sections 512-514
	1a	Federated campaigns	1a		Tevenius		3.2 3.1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
o, Pmo	С	Fundraising events	1c				
Gifts lar /	d	Related organizations	1d				
ns, o	е	Government grants (contributions)	1e				
er S	f	All other contributions, gifts, grants,					
를		and similar amounts not included above	1f 4,207,348				
and	g	Noncash contributions included in lines 1a-1f	·				
	h	Total. Add lines 1a-1f	<u> ▶</u>	4,207,348			
Φ	_		Business Code				
enu	2a						
Re	b		_				
rvice	C		_				
n Se	d						
Program Service Revenue	e	All other program continue revenue	_				+
Pr		All other program service revenue					
		Total. Add lines 2a-2f					
		Investment income (including dividends, intere and other similar amounts)		402,052			402,052
		Income from investment of tax-exempt bond p		402,032			402,032
		Royalties					+
		(i) Real	(ii) Personal				
	6a	Gross rents	(ii) i cicciiai	-			
		Less: rental expenses		-			
		Rental income or (loss)		-			
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	'u	assets other than inventory		-			
	l	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
ø		Net gain or (loss)	<u> </u>				
enne	ва	Gross income from fundraising					
		events (not including \$ of contributions reported on line 1c).					
Other Rev		See Part IV, line 18	2				
ŧ		Less: direct expenses		_			
Ū		Net income or (loss) from fundraising events					
		Gross income from gaming activities.					
		See Part IV, line 19	а				
		Less: direct expenses		-			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
		returns and allowances	а				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a		_	-			-
	b		_				
	C	All officers	_				
		All other revenue					
		Total. Add lines 11a-11d		4 500 155			400.055
	12	Total revenue. See instructions	<u> ▶</u>	4,609,400	1)	0 402,052

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,742,000 2,742,000 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,690,095 1,690,095 Compensation of current officers, directors, 174,753 64<u>,6</u>59 80,386 29,708 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 452,148 335,902 4,163 112,083 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 13,335 8,194 121 5,020 10 44,637 29,612 4,915 10,110 11 Fees for services (non-employees): b Legal...... 915 915 25,122 25,122 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 137,984 66,339 34,713 36,932 12 514 352 23 139 13 39,324 12,161 6,525 20,638 3,265 14 20,879 8,597 9,017 15 15,201 16 67,207 44,628 7,378 17 137,288 116,666 6,177 14,445 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 110,858 108,102 171 2,585 20 21 22 Depreciation, depletion, and amortization 23 1,215 1,215 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Dues and licenses 1,000 1,000 b C d е All other expenses 26,353 26,353 Total functional expenses. Add lines 1 through 24e . 25 5,685,627 5,244,034 185,715 255,878 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		<u></u>	<u> </u> 🗌
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	5,184,703	1	1,698,934
	2	Savings and temporary cash investments	1,508,418	2	696,137
	3	Pledges and grants receivable, net	1,238,285	3	2,151,334
	4	Accounts receivable, net	30,000	4	33,291
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	26,624	9	25,786
-	10a	Land, buildings, and equipment: cost or	20,021		237700
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	10,826,061	11	14,453,554
	12	Investments - other securities. See Part IV, line 11	10,020,001	12	11,155,551
	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 34)	18,814,091	16	19,059,036
	17	Accounts payable and accrued expenses	113,311	17	187,462
	18	Grants payable	4,378,600	18	6,522,445
	19	Deferred revenue	4,370,000	19	0,522,445
	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 current and former officers, directors,		21	
Liabilities	22				
ig		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	22	Secured mortgages and notes payable to unrelated third parties		23	
	23				
	24 25	Unsecured notes and loans payable to unrelated third parties		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		25	
	26	Total liabilities. Add lines 17 through 25	4 401 011	26	6 700 007
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright \square$ and	4,491,911	20	6,709,907
		complete lines 27 through 29, and lines 33 and 34.			
Ses	27	Unrestricted net assets	0 164 100	27	C CEO C1E
<u>a</u>			8,164,199		6,650,615
Ва	28	Temporarily restricted net assets	1,157,981	28	1,025,000
ဋ	29	Permanently restricted net assets	5,000,000	29	4,673,514
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here and appropriate lines 20 through 34			
S	20	complete lines 30 through 34.		20	
sse	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se	32	Retained earnings, endowment, accumulated income, or other funds	14 200 100	32	10 040 100
	33	Total list lists and act acceptation delegation.	14,322,180	33	12,349,129
	34	Total liabilities and net assets/fund balances	18,814,091	34	19,059,036

Χ

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Χ

2c

3a

3b

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

rmation. Inspection

Employer identification number

Neu	euroendocrine Tumor Research Foundation 20-1945347										
	rt I	Reason for Public Charity		ganizations must co	omplete	this part					
		nization is not a private foundation bec			-	-	,	_			
1	Ň	A church, convention of churches, or	,	•	•	•					
2	П	A school described in section 170(b									
3	П	A hospital or a cooperative hospital s									
4		A medical research organization ope	•)(1)(A)(iii). Enter the				
		hospital's name, city, and state:	•	•		` '					
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	jovernmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete	_								
6		A federal, state, or local government		nit described in section	170(b)(1)	(A)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)							
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	ege			
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, cit	ty, and stat	te of the college or				
		university:									
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S			
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	1511 tax) f	from businesses				
		acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)					
11	Ш	An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).					
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpos	es			
		of one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	1 509(a)(2). See section 509(a)(3).			
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.			
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by gi	ving			
		the supported organization(s) the			rity of the c	lirectors or	trustees of the				
		supporting organization. You mu	•								
	b	☐ Type II. A supporting organization	•			•	* * *	•			
		control or management of the sup		•	rsons that o	control or r	manage the supporte	d			
		organization(s). You must comp									
	С	Type III functionally integrated		·				with,			
		its supported organization(s) (see	•	•							
	d	Type III non-functionally integr					•	` '			
		that is not functionally integrated.	-	•		•	nt and an attentivenes	S			
	_	requirement (see instructions). Y	-				Tuno II Tuno III				
	е	Check this box if the organization functionally integrated, or Type III				a Type I,	Type II, Type III				
	f	Enter the number of supported organ	· · · · · · · · · · · · · · · · · · ·								
	g g	Provide the following information about									
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount	of		
	•	,	()	(described on lines 1-10	listed in you	r governing	support (see	other support	(see		
				above (see instructions))	docum	ent?	instructions)	instructions	s)		
					Yes	No					
/A\											
(A)											
(B)											
(C)											
(D)											
(E)											

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	808,565	1,012,527	2,173,052	2,047,426	4,207,348	10,248,918	
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	808,565	1,012,527	2,173,052	2,047,426	4,207,348	10,248,918	
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)						6,106,819	
6	Public support. Subtract line 5 from line 4						4,142,099	
	tion B. Total Support	(a) 2014	(b) 201 <i>E</i>	(a) 2016	(4) 2017	(a) 2018	(f) Total	
	Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7 8	Gross income from interest, dividends,	808,565	1,012,527	2,173,052	2,047,426	4,207,348	10,248,918	
•	payments received on securities loans,							
	rents, royalties and income from similar sources	874	1,214	3,753	241,419	401,677	648,937	
		0,1	1,211	37,33	211,113	1017077	010,557	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10 .						10,897,855	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □	
Sec	tion C. Computation of Public Su	pport Percent	age					
14	Public support percentage for 2018 (line 6, o		•			14	38.01 %	
15	Public support percentage from 2017 Sched	ule A, Part II, line 1	4			15	27.38 %	
16a	33 1/3% support test - 2018. If the organize							
	box and stop here. The organization qualif						▶ 🛚 🗵	
b	33 1/3% support test - 2017. If the organize							
	this box and stop here. The organization q	•					▶ □	
17a	10%-facts-and-circumstances test - 2018							
	10% or more, and if the organization meets				-			
	Part VI how the organization meets the "fac		_				. \square	
	organization						▶ ⊔	
b	10%-facts-and-circumstances test - 2017. 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.							
	,			·	•	N. C		
	Explain in Part VI how the organization mee			_		-	. □	
18	supported organization						· · · · • ⊔	
10	instructions						▶ □	
					· · · · L	

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b	-	
5c		
6		
7		
_		
8		
9a		
a '		
9b		
9с		
40-		
10a		
10b		
A (Form 990	or 990-E	Z) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
OCC	non B. Type I dapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
500	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctruo	tions	1
1	_	HISHUC	uons).
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b		t. (000 is	2045110	tiono)
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ıy (see ii		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2018 Neuroendocrine Tumor Research Foundation	on	20-19	45347	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiza	itions		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying		• •		•
	instructions. All other Type III non-functionally integrated supporting organize	zations	must complete Section	<u>งทุร A throu</u> ดู	gh E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	, ,	rrent Year tional)
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				
СО	llection of gross income or for management, conservation, or				
ma	aintenance 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			
Sec	tion B - Minimum Asset Amount	(A) Prior Year	, ,	rrent Year	
1	Aggregate fair market value of all non-exempt-use assets (see				<i>'</i>
ins	structions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other	'			
fa	ctors (explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			

instructions).

3

4

5

6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

EEA

Гаі	Type III Non-1 unctionally integrated 309(a)(b) Supporting Organia	Zations (continued)			
Sec	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	ions				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	e organization is respons	sive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					

e Excess from 2018

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

2018

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Open to Public Inspection

<u>Νe</u> ι	roendocrine Tumor Research Foundation	20-1945347
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements.	
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically i	montant land area
	Protection of natural habitat Preservation of a certified his	•
		ione structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation to the least the transfer of the tra	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	_
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	-	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	·
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990. Part X	> \$

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the follow	ving that are a sig	nificant use of its	
	collection items (check all that apply):					
а	Public exhibition	d Loar	or exchange progra	ams		
b	Scholarly research	e Othe	er			
С	Preservation for future generations					
4	Provide a description of the organization's collect	tions and explain how	w they further the org	ganization's exem	npt purpose in Part	
	XIII.					
5	During the year, did the organization solicit or red	ceive donations of art	t, historical treasures	s, or other similar		
	assets to be sold to raise funds rather than to be		of the organization's	collection?		🗌 Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrang					
	Complete if the organization an 990, Part X, line 21.	swered "Yes" or	ı Form 990, Par	t IV, line 9, or	reported an amou	nt on Form
1a	Is the organization an agent, trustee, custodian or	r other intermediary f	or contributions or o	ther assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:			
					Am	ount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or custoo	dial account liabilit	ty?	🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explai	nation has been prov	vided on Part XIII		
Pa	rt V Endowment Funds.					
	Complete if the organization an	swered "Yes" on	Form 990, Par	t IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four years back
1a	Beginning of year balance	5,000,000				
b	Contributions		5,000,000			
С	Net investment earnings, gains, and					
	losses	(319,885)				
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	6,601				
g	End of year balance	4,673,514	5,000,000			
2	Provide the estimated percentage of the current	ear end balance (lin	e 1g, column (a)) he	eld as:		
а	Board designated or quasi-endowment	%				
b	Permanent endowment ► 100.00 %					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3a	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered for the	Э	
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i) X
	(ii) related organizations					. 3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Schedule R?			. 3b
4	Describe in Part XIII the intended uses of the organization	ganization's endowm	ent funds.			
Pa	rt VI Land, Buildings, and Equipme	ent.				
	Complete if the organization an	swered "Yes" on	Form 990, Par	t IV, line 11a.	See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or othe	r basis (b) Cost of	or other basis	(c) Accumulated	(d) Book value
		(investme	nt) (other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	(, column (B), line 1	0c.)		

20-1945347

Part VII	Investments.	- Other	Securitie

	Complete ii the organization an	iswered res on reminese,	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
) Financial	derivatives		
) Closely-h	neld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Relate Complete if the organization an		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)			
	n) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization an	swered "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	nn /h) must agual Form 000. Port V. agl. //	D) line 45)	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col. (b	B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an		Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Liabilities. Complete if the organization an line 25.	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Liabilities. Complete if the organization an line 25. (a) Description of liability		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Liabilities. Complete if the organization an line 25.	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) cotal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability	nswered "Yes" on Form 990,	

Pa	rt 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	3,686,223
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments)	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.) 2d (26,353)	_	
е	Add lines 2a through 2d	2e	(923,177)
3	Subtract line 2e from line 1	3	4,609,400
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	_	
b	Other (Describe in Part XIII.)	4.	
C	Add lines 4a and 4b	4c	4 600 400
5 P 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,609,400
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	pei neu	4111 .
1	Total expenses and losses per audited financial statements	1	5,659,274
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	5,059,274
a	Donated services and use of facilities		
a b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	,	
e	Add lines 2a through 2d	2e	(26,353)
3	Subtract line 2e from line 1	3	5,685,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,003,027
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	_	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	5,685,627
-	rt XIII Supplemental Information.		0,000,021
01	estment expenses netted to revenue on audited financial statements	2d)	

EEA Schedule D (Form 990) 2018

EEA Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Name	of the organization					Employer identifi	cation number
Neu	roendocrine Tumor Rea					20-194534	
Pa	rt I General Information	on on Activitie	s Outside the	e United States. Complete i	f the organiza	tion answered	"Yes" on
	Form 990, Part IV,						
1	For grantmakers. Does the or	-		_			
				nce, and the selection criteria use		_	
	award the grants or assistance?	'				L	」Yes □ No
2	For grantmakers. Describe in outside the United States.	Part V the organ	ization's proced	lures for monitoring the use of it	s grants and oth	ner assistance	
3	Activities per Region. (The follow	wing Part I, line 3	table can be du	uplicated if additional space is ne	eeded.)		
	(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 a program set describe specific service(s) in the	rvice, type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)							
_(3)							
(4)							
(5)							
(6)							
(7)							
_(')							
(8)							
(9)							
<u>(10)</u>							
(11)							
(12)							
(13)							
<u>(14)</u>							
<u>(15)</u>							
(16)							
(17)							
3 a	Sub-total						
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)						

Schedule F (F	0111 330) 2010		umor Research Foundat				20-194		Page 2
Part II	Grants and Oth	er Assistance to O	rganizations or Entities	Outside the Uni	ited States. Comple	ete if the organ	ization answered	d "Yes" on Fo	rm 990,
	Part IV, line 15, f	for any recipient who	received more than \$5,0	00. Part II can be	e duplicated if additi	ional space is r	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)
			East Asia and the						
(1)			Pacific	Scientific	1,195,069	Electronic			
			Europe (including						
(2)			Iceland and Greenlan	d\$cientific	295,000	Electronic			
			Europe (including			_			
(3)			Iceland and Greenlan	d\$cientific	100,000	Electronic			
			North America (Not		100 000				
(4)			the United States)	Scientific	100,000	Electronic			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
		-	pove that are recognized as char rovided a section 501(c)(3) equiv	-	ountry, recognized as tax-		>		4
3 Er	ter total number of other	organizations or entities					>		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14)(15)(16)(17)(18)

Yes

X No

X No

5

6

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

EEA Schedule F (Form 990) 2018

Instructions for Form 5713; don't file with Form 990)

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

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

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.

01. Use of grant monitoring procedures (Part I, line 2)
The Organization relies on its Board of Scientific Advisors (BOSA)to evaluate research
grant applications through a peer-review process and monitor the research activities of
grantees in accordance with the
parameters identified in the applications. The BOSA is comprised of leading scientists and
physicians in the neuroendocrine field. The BOSA makes grant recommendations to the Board
of Directors who must approve all grant funding.

EEA Schedule F (Form 990) 2018

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Neuroendocrine Tumor Research Foundation 20-1945347 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 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. (f) Method of valuation (g) Description of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (h) Purpose of grant (e) Amount of non-(book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) Educ Research Found-Nuclear 14301 FNB Parkway, Ste 100 23-7048300 Omaha, NE 68144 501(c)(3) 100,000 Research (2) North Amer Neuroend. Tumor 800 NE Tenney Rd, Ste 110-412 20-5543641 Vancouver, WA 98685 501(c)(3) 100,000 Research (3)Amer Assoc for Cancer Res 615 Chestnut St, 17th Fl Philadelphia, PA 19106 23-6251648 501(c)(3) 275,000 Research (4)MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030 13-3772591 501(c)(3) 300,000 Research (5)University of CA at San Fra 3333 California St San Francisco, CA 94143 95-6006145 501(c)(3) 300,000 Research (6)Stanford University 3172 Porter Drive Palo Alto, CA 94304 94-1156365 501(c)(3) 100,000 Research (7)H.Lee Moffitt Cancer Ctr & 12902 Magnolia Dr 59-2451713 Tampa, FL 33612 501(c)(3) 100,000 Research (8) Health Res'rch Inc Roswell Elm and Carlton Streets Buffalo, NY 14263 14-1402155 501(c)(3) 100,000 Research (9) Fred Hutchinson Cancer Rese 110 Fairview Ave. N Seattle, WA 98109 23-7156071 501(c)(3) 100,000 Research (10Tufts Univ School of Medici Tufts Medical Ctr Boston, MA 02111 04-2130634 501(c)(3) 50,000 Research 12 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

SCHEDULE I (Form 990)

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

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

2018 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Neuroendocrine Tumor Research Foundation 20-1945347 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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. (a) Name and address of organization (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (b) EIN (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1)Dana Farber Cancer Inst, In 450 Brookline Ave. Boston, MA 02215 04-2263040 501(c)(3) 100,000 Research (2)University of Pennsylvania Office Research Serv 3451 Waln Philadelphia, PA 19014 24-6000376 501(c)(3) 1,200,000 Research (3) (4) (5) (6) (7) (8) (9) (10)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule	el(Form 990)(2018) Neuroendocrine Tum	or Research Four	ndation			20-1945347	Page 2
Part	III Grants and Other Assistance to	Domestic Individu	als. Complete if the	ne organization ansv	wered "Yes" on Form 990), Part IV, line 22.	
	Part III can be duplicated if addition			J		,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assista	nce
1							
2							
3							
4							
_5							
6							
7							
Part	V Supplemental Information. Provide	de the information re	equired in Part I, li	ne 2; Part III, colum	nn (b); and any other add	itional information.	
	Monitoring procedures (P						
The O	rganization relies on its Board o	of Scientific Ad	visors (BOSA)t	o evaluate resea	rch grant application	ons through a	
peer-	review process and monitor the re	esearch activiti	es of grantees	in accordance w	rith the		
param	eters identified in the applicat	ions. The BOSA i	s comprised of	leading scienti	sts and physicians i	in the neuroendocrine	
field	. The BOSA makes grant recommenda	ations to the Bo	ard of Directo	rs who must appr	ove all grant fundir	ng.	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Neuroendocrine Tumor Research Foundation

Employer identification number

20-1945347

Pa	rt I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ 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	1b		
	С Аріані	10		
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?	2		
	ia:			
•	Indicate which if any of the following the filing executation used to establish the companyation of the			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations			
	During the year did any negroup listed on Form 200 Part VIII Section A line to with respect to the filing			
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:			3.7
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а		5a		X
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

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

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

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

!	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
Elyse Gellerman (i)	148,000	26,190	0		0 0	174,190	0		
1 Chief Executive Offic (ii)	0	0	0		0 0	0	0		
(i)									
2 (ii)									
(i)									
3 (ii)									
(i)									
4 (ii)									
(i)									
5 (ii)									
(i)									
6 (ii)									
(i)									
7 (ii)									
(i)									
8 (ii)									
9 (i) (ii)									
(i)									
10 (ii)									
(i)									
11 (ii)									
(i)									
12 (ii)									
(i)									
13 (ii)									
(i)									
14 (ii)									
(i)									
15 (ii)									
(i)									
16 (ii)									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.
01. Other non-fixed payments (Part I, line 7)
Bonuses are given based on the achievement of approved, measurable goals set on an annual basis for each eligible employee.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Neuroendocrine Tumor Research Foundation 20-1945347 01. Form 990 governing body review (Part VI, line 11) All board members receive and review the 990 before it is submitted. 02. Conflict of interest policy compliance (Part VI, line 12c) All directors and key employees are required to sign off that they have reviewed and disclosed any conflicts of interest, if any, at least annually. The directors review these sign-offs and comments, if any. 03. CEO, executive director, top management comp (Part VI, line 15a) Executive director compensation and related benefits are reviewed and approved by the independent directors. 04. Other officer or key employee compensation (Part VI, line 15b The chief executive officer reviews and approves staff compensation annually. 05. Governing documents, etc, available to public (Part VI, line 19) Governing documents, the conflict of interest policy and annual financial statements are posted on the Organization website. 06. General explanation attachment Summary (Part I, line 19) Page 1 of the 990 summarized information presents "Revenue less expenses" for the year in a format which combines changes in unrestricted and restricted revenue. Changes in restricted revenue can have major fluctuations from year-to-year due to such things as

multi-year grants that are included in temporarily restricted revenue in their entirety in

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number Neuroendocrine Tumor Research Foundation 20-1945347 the year promised but will not be used until later years - i.e. total revenue for a given period will rarely match total expense. In 2018 and 2017, NETRF's accrued grant commitments reflect many multi year projects with payments to be made over two to four years. In addition, the funds required for these grants will come from existing assets.