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PUBLIC DISCLOSURE COPY
November 8, 2019

Israel Cancer Association (USA) Corp
2751 S. Dixie Highway No. 3A
West Palm Beach, FL 33405
Attention: Peter D. Brown

Dear Peter:

Enclosed are the original and one copy of the 2018 Exempt Organization returns, as follows...

2018 Form 990

2018 New York Form CHAR500

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Kevin E. Reynolds CPA, P.A.
Partner
** TAX RETURN FILING INSTRUCTIONS **

** FORM 990 PUBLIC DISCLOSURE COPY **

** FOR THE YEAR ENDING **

June 30, 2019

| Prepared for                  | Israel Cancer Association (USA) Corp  
|                              | 2751 S. Dixie Highway No. 3A  
|                              | West Palm Beach, FL  33405 |

| Prepared by                   | Daszkal Bolton LLP  
|                              | 2401 NW Boca Raton Blvd  
|                              | Boca Raton, FL  33431-6639 |

| Amount due or refund          | Not applicable |

| Make check payable to        | Not applicable |

| Mail tax return and check (if applicable to) | Not applicable |

| Return must be mailed on or before | Not applicable |

| Special Instructions          | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2019. |
** Return of Organization Exempt From Income Tax **

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

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

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

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** Part I Summary **

1. Briefly describe the organization’s mission or most significant activities: THE MISSION OF OUR ORGANIZATION IS TO RAISE FUNDS FOR FELLOWSHIP GRANTS SUPPORTING CANCER RESEARCH.

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** Activities & Governance **

- Contributions and grants (Part VIII, line 1h)
- Program service revenue (Part VIII, line 2g)
- Investment income (Part VIII, column (A), lines 3, 4, and 7d)
- Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
- Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

---

** Expenses **

- Grants and similar amounts paid (Part IX, column (A), lines 1-3)
- Benefits paid to or for members (Part IX, column (A), line 4)
- Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
- Professional fundraising fees (Part IX, column (A), line 11e)
- Total fundraising expenses (Part IX, column (D), line 25)
- Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

---

** Net Assets or Fund Balances **

- Total assets (Part X, line 16)
- Total liabilities (Part X, line 26)
- Net assets or fund balances. Subtract line 21 from line 20

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** Part II Signature Block **

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

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** Form 990 **

Department of the Treasury Internal Revenue Service
Briefly describe the organization’s mission:

THE MISSION OF OUR ORGANIZATION IS TO RAISE FUNDS FOR FELLOWSHIP GRANTS SUPPORTING CRITICAL CANCER RESEARCH CONDUCTED BY DISTINGUISHED ISRAELI SCIENTISTS CONDUCTING RESEARCH AT LEADING HOSPITALS AND UNIVERSITIES THROUGHOUT ISRAEL.

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

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

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

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

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

962,585. 830,000. 748,780.

THE ORGANIZATION’S MAIN PURPOSE IS TO RECEIVE AND MAINTAIN FUNDS TO SUPPORT SCIENTIFIC RESEARCH IN THE FIELD OF CANCER.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>e Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>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 &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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.

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.

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.

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.

25b 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? If "Yes," complete Schedule L, Part I.

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.

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):

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.

28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M.

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.

31 Did the organization liquidate, terminate, or dissolve and cease operations?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.

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.

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.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b 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.

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.

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.

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

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. 

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 

3a Did the organization have unrelated business gross income of $1,000 or more during the year? 

3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 

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)? 

4b If "Yes," enter the name of the foreign country: 


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 

5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 

7 Organizations that may receive deductible contributions under section 170(c).

7a 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? 

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 

7d If "Yes," indicate the number of Forms 8282 filed during the year. 

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 

9 Sponsoring organizations maintaining donor advised funds. 

9a Did the sponsoring organization make any taxable distributions under section 4966? 

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12 

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders 

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 

13 Section 501(c)(29) qualified nonprofit health insurance issuers. 

13a Is the organization licensed to issue qualified health plans in more than one state? 

Note. See the instructions for additional information the organization must report on Schedule O. 

13b 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 

13c Enter the amount of reserves on hand 

14a Did the organization receive any payments for indoor tanning services during the tax year? 

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 

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? 

15a If "Yes," see instructions and file Form 4720, Schedule N. 

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 

16a If "Yes," complete Form 4720, Schedule O.
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. Governing Body and Management

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

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a The governing body?

   b Each committee with authority to act on behalf of the governing body?

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? "Yes," provide the names and addresses in Schedule O

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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? "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

   a The organization’s CEO, Executive Director, or top management official

   b Other officers or key employees of the organization

   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 with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

   FL, NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

   [ ] Own website   [x] Another’s website   [x] 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

   THE ORGANIZATION - 561-832-9277

   2751 S. DIXIE HIGHWAY, SUITE 3A, WEST PALM BEACH, FL 33405
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BRUCE KOPPEL PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) PETER D. BROWN SECRETARY/TREASURER</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) DEENA FREEMAN EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) LEXYE AVERSA EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) DR. RICHARD J. BOXER DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) DAVID GENSER DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) ARTHUR E. BENJAMIN EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) ELYSSA KUFERBERG DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) SEAN MCGOULD DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) ROY N. APPLE PAST PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) BARRY SLOTNICK DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) WILMA S. MOONEY DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) ADAM BROWN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) ERIC (RICK) SMITH DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) STEVEN MELMAN, VMD EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) HARVEY L. POPPEL DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) KENNETH DRUSKIN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

832007 12-31-18
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position</th>
<th>(C) Average hours per week (list any hours for related organizations below line)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) GAIL WORTH</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) PHYLLIS MELMAN</td>
<td>EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) DR. JOHN MEREY</td>
<td>DIRECTOR</td>
<td>0.30</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Sub-total:                      ▶ 0.0 0.0 0.0 0.0

c Total from continuation sheets to Part VII, Section A: ▶ 0.0 0.0 0.0

d Total (add lines 1b and 1c): ▶ 0.0 0.0 0.0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: ▶ 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: ▶ Yes X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: ▶ Yes X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: ▶ Yes X

---

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: ▶ 0
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td>133,942.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td>96,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>537,159.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td>767,101.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Missions Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Total revenue. See instructions | 748,780. | 0. | 0. | -18,321. |
### 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:**

- **A** Total expenses
- **B** Program service expenses
- **C** Management and general expenses
- **D** Fundraising expenses

#### Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>830,000</td>
<td>830,000</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>67,692</td>
<td>52,122</td>
<td>4,062</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>8,942</td>
<td>6,885</td>
<td>537</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>5,046</td>
<td>3,885</td>
<td>303</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>10,099</td>
<td>4,898</td>
<td>5,103</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>49,511</td>
<td>49,015</td>
<td>496</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>6,573</td>
<td>3,188</td>
<td>3,321</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>6,086</td>
<td>2,952</td>
<td>3,075</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>7,172</td>
<td>3,478</td>
<td>3,624</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>608</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>2,376</td>
<td>1,152</td>
<td>1,201</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>BANK FEES</td>
<td>4,403</td>
<td>2,135</td>
<td>2,225</td>
</tr>
<tr>
<td>b</td>
<td>PAYROLL PROCESSING FEES</td>
<td>2,433</td>
<td>1,873</td>
<td>146</td>
</tr>
<tr>
<td>c</td>
<td>DIRECT MAIL</td>
<td>1,222</td>
<td>1,002</td>
<td>171</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>1,002,163</td>
<td>962,585</td>
<td>24,376</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if following SOP 98-2 (ASC 958-720)
### ISRAEL CANCER ASSOCIATION (USA) CORP

**Form 990 (2018)**

#### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td>52,611.</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>26,702.</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5.</td>
</tr>
<tr>
<td>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 instr). Complete Part II of Sch L</td>
<td>6.</td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>7.</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>8.</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a. 31,707.</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>10b. 28,302.</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>11.</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>15. 2,291.</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>17.</td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22.</td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>23.</td>
</tr>
<tr>
<td>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</td>
<td>25.</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958)

<table>
<thead>
<tr>
<th>(A) Unrestricted net assets</th>
<th>(B) Temporarily restricted net assets</th>
<th>(C) Permanently restricted net assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>343,512.</td>
<td>141,696.</td>
</tr>
<tr>
<td>28.</td>
<td>46,398.</td>
<td>0.</td>
</tr>
<tr>
<td>29.</td>
<td>260,179.</td>
<td>263,631.</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958)

<table>
<thead>
<tr>
<th>(A) Capital stock or trust principal, or current funds</th>
<th>(B) Paid-in or capital surplus, or land, building, or equipment fund</th>
<th>(C) Retained earnings, endowment, accumulated income, or other funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>650,089.</td>
<td>405,327.</td>
</tr>
<tr>
<td>31.</td>
<td>650,089.</td>
<td>405,897.</td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part XI: Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>748,780.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,002,163.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-253,383.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>650,089.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>8,621.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>405,327.</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td>Yes □ No ☒</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td>Yes X</td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td>Yes X</td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>Yes X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>Yes X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**Part I**

**Reason for Public Charity Status**

All organizations must complete this part. See instructions.

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed on your return?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Total
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>365,961</td>
<td>537,164</td>
<td>983,206</td>
<td>692,762</td>
<td>767,101</td>
<td>3,346,194</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>365,961</td>
<td>537,164</td>
<td>983,206</td>
<td>692,762</td>
<td>767,101</td>
<td>3,346,194</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,013,713</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,332,481</td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>365,961</td>
<td>537,164</td>
<td>983,206</td>
<td>692,762</td>
<td>767,101</td>
<td>3,346,194</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>11,496</td>
<td>14,418</td>
<td>3,051</td>
<td>7,679</td>
<td>13,299</td>
<td>49,943</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,396,137</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td>68.68%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>65.22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2017. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
</tbody>
</table>

8 **Public support.** (Subtract line 7c from line 6)

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. Add lines 9, 10a, 11, and 12</strong></td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
</tbody>
</table>

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

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16 %</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17 %</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18 %</td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

19b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
<table>
<thead>
<tr>
<th>Section A. Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
</tr>
<tr>
<td>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.)</td>
</tr>
</tbody>
</table>
### Section A. All Type III Supporting Organizations

1. Has the organization accepted a gift or contribution from any of the following persons?  
   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  
   b. A family member of a person described in (a) above?  
   c. 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.

### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? 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.

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.

### Section C. Type II Supporting Organizations

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).

### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," explain in Part VI the role the organization’s supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described in (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.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

**Schedule A (Form 990 or 990-EZ) 2018**  
**ISRAEL CANCER ASSOCIATION (USA) CORP**  
13-6218184

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Aggregate fair market value of all non-exempt-use assets (see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a   Average monthly value of securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b   Average monthly cash balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c   Fair market value of other non-exempt-use assets</td>
<td></td>
<td></td>
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<tr>
<td>d   <strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e   <strong>Discount</strong> claimed for blockage or other factors (explain in detail in</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part VI</strong>):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2   Acquisition indebtedness applicable to non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3   <strong>Subtract line 2 from line 1d</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4   Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5   Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6   <strong>Multiply line 5 by .035</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7   <strong>Recoveries of prior-year distributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8   <strong>Minimum Asset Amount</strong> (add line 7 to line 6)**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>2   Enter 85% of line 1</td>
<td></td>
</tr>
<tr>
<td>3   Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>4   Enter greater of line 2 or line 3</td>
<td></td>
</tr>
<tr>
<td>5   Income tax imposed in prior year</td>
<td></td>
</tr>
<tr>
<td>6   <strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to</td>
<td></td>
</tr>
<tr>
<td>emergency temporary reduction (see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

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

---

Schedule A (Form 990 or 990-EZ) 2018
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2018 ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184 Page 7
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.)
** PUBLIC DISCLOSURE COPY **

### Schedule B

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP</td>
<td>13-6218184</td>
</tr>
</tbody>
</table>

#### Organization type (check one):

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

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

**General Rule**

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

**Special Rules**

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

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

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

#### Caution:

An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184

### Part I Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$44,000.</td>
<td>Person [X] Payroll □ Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$25,000.</td>
<td>Person [X] Payroll □ Noncash □</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
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</tr>
</tbody>
</table>
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**ISRAEL CANCER ASSOCIATION (USA) CORP**

**Name of organization**

**Employer identification number**

13-6218184

### Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once) ▶ $

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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</tbody>
</table>

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<thead>
<tr>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
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</tbody>
</table>

<table>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
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</tbody>
</table>

<table>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

823454 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

13511108 131409 10677.1 2018.05000 ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184
Name of the organization: ISRAEL CANCER ASSOCIATION (USA) CORP
Employer identification number: 13-6218184

### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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? □ Yes □ No

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? □ Yes □ No

### Part II: Conservation Easements.

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 important land area
   - Preservation of a certified historic 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 easement on the last day of the tax year.
   - a) Total number of conservation easements
   - b) Total acreage restricted by conservation easements
   - c) Number of conservation easements on a certified historic structure included in (a)
   - d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)? □ Yes □ No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - a) Revenue included on Form 990, Part VIII, line 1 □
   - b) Assets included in Form 990, Part X □
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

**3.** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] Other

**4.** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5.** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [ ] No

### Part IV  Escrow and Custodial Arrangements

**1a.** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

**b.** If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>1c</th>
<th>1d</th>
<th>1e</th>
<th>1f</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2a.** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

**b.** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

### Part V  Endowment Funds

**1a.** Beginning of year balance

**b.** Contributions

**c.** Net investment earnings, gains, and losses

**d.** Grants or scholarships

**e.** Other expenditures for facilities and programs

**f.** Administrative expenses

**g.** End of year balance

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

- Board designated or quasi-endowment
- Permanent endowment [ ] 100.00 [%]
- Temporarily restricted endowment [ ] [%]

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a.** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- [ ] unrelated organizations
- [ ] related organizations

**b.** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? [ ] Yes [ ] No

**4.** Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI  Land, Buildings, and Equipment

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

**1.** Description of property

<table>
<thead>
<tr>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td>31,707.</td>
<td>3,405.</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td>28,302.</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) [ ] 3,405.
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) MUTUAL FUNDS</td>
<td>222,609</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>222,609</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. **Federal income taxes**
<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **X**
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information.

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

**PART V, LINE 4:**

TO PROVIDE FUNDING FOR CANCER RESEARCH CONDUCTED BY ISRAELI CANCER RESEARCHERS APPROVED BY AND UNDER THE AUSPICES OF THE ISRAEL CANCER ASSOCIATION.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. ACCORDINGLY THERE IS NO PROVISION FOR INCOME TAXES.
THE ORGANIZATION RECORDS A LIABILITY FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WOULD NOT BE SUSTAINED IF EXAMINED BY THE TAXING AUTHORITY. THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL EVENTS 99,860.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL EVENTS 99,860.
## Part I General Information on Activities Outside the United States

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

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

### 2 For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION. PURPOSE OF ORGANIZATION FELLOWSHIP GRANTS FOR BY PROMOTING AND FUNDING CANCER RESEARCH SCIENTISTS. CANCER RESEARCH.</td>
<td>830,000.</td>
<td>830,000.</td>
</tr>
</tbody>
</table>

#### Subtotal

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
</table>

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>830,000.</td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION. FELLOWSHIP GRANTS FOR CANCER 830,000,TRANSFER 0,N/A</td>
<td>ISRAEL</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations or entities.
### Part III Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
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<tbody>
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</table>

Schedule F (Form 990) 2018
### Part IV Foreign Forms

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If &quot;Yes,&quot; 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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If &quot;Yes,&quot; 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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year? If &quot;Yes,&quot; 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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If &quot;Yes,&quot; 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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If &quot;Yes,&quot; the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
PART I, LINE 2:

THE ORGANIZATION EARMARKS DONATIONS MADE TO SUPPORT CANCER RESEARCH AS FELLOWSHIPS. ALL FELLOWSHIPS ARE AWARDED TO THE ISRAEL CANCER ASSOCIATION IN ISRAEL TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE IN RESEARCHING A CURE FOR CANCER.

PART II, COLUMN (D):

REGION: ISRAEL

(D) PURPOSE OF GRANT: GRANTS TO RECIPIENTS LOCATED IN THE REGION. FELLOWSHIP GRANTS FOR CANCER RESEARCH SCIENTISTS.
**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP</td>
<td>13-6218184</td>
</tr>
</tbody>
</table>

### Part I: Fundraising Activities

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

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

   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

   - [ ] Yes
   - [ ] No

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Total

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

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II Fundraising Events

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>114,370.</td>
<td>84,645.</td>
<td>3,167.</td>
<td>202,182.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>77,004.</td>
<td>56,938.</td>
<td>133,942.</td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>37,366.</td>
<td>27,707.</td>
<td>3,167.</td>
<td>68,240.</td>
</tr>
</tbody>
</table>

| Direct Expenses |  |
|------------------|------------------|------------------|
| 4 Cash prizes |  |
| 5 Noncash prizes |  |
| 6 Rent/facility costs | 24,894. | 24,894. |
| 7 Food and beverages | 23,635. | 11,000. | 34,635. |
| 8 Entertainment |  |
| 9 Other direct expenses | 17,483. | 7,845. | 15,003. | 40,331. |

#### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4 Rent/facility costs</td>
<td></td>
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<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
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<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>%</td>
<td>Yes</td>
<td>%</td>
</tr>
</tbody>
</table>

7 Direct expense summary. Add lines 2 through 5 in column (d) ▶

8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________________________

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________________________
Schedule G (Form 990 or 990-EZ) 2018

**ISRAEL CANCER ASSOCIATION (USA) CORP** 13-6218184

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Does the organization conduct gaming activities with nonmembers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Indicate the percentage of gaming activity conducted in:</td>
<td>13a</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>a The organization’s facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b An outside facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Enter the name and address of the person who prepares the organization’s gaming/special events books and records:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No |

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $ |

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ |

Description of services provided ▶ |

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | Yes | No |

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $ |

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

---

832083 10-03-18

13511108 131409 10677.1 2018.05000 ISRAEL CANCER ASSOCIATION (10677_11)
**ISRAEL CANCER ASSOCIATION (USA) CORP**

**Employer identification number** 13-6218184

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESIDENT BRUCE KOPPEL ESQUIRE IS PETER BROWNS (TREASURER/SECRETARY) REAL ESTATE ATTORNEY. PETER D. BROWN AND ADAM BROWN ARE BROTHERS.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 7A:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELECTED AND VOTED ON BY THE EXECUTIVE BOARD OF DIRECTORS.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 7B:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY TO DAY OPERATIONS AND ORGANIZATION OF SPECIAL EVENTS.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 11B:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THE FORM IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER PRIOR TO FILING.</strong></td>
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<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 12C:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN POLICY PRIOR TO CONDUCTING BUSINESS.</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 15:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORGANIZATION PROVIDED W-3 AND W-2 REPORTS TO CONFIRM COMPENSATION OF CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS, AND KEY EMPLOYEES.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section C, Line 19:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.</strong></td>
</tr>
</tbody>
</table>
FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS AUDIT OVERSIGHT OR

SELECTION OF AN INDEPENDENT ACCOUNTANT PROCESS FROM THE PRIOR YEAR.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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### Part II: Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION</td>
<td>TO RAISE FUNDS FOR</td>
<td></td>
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</tr>
<tr>
<td>7 REVIVIM STREET</td>
<td>REVIVIM STREET</td>
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</tr>
<tr>
<td>IL - GIVATAYIM, ISRAEL 53103</td>
<td>RESEARCH.</td>
<td>ISRAEL</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III: Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</table>

### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes</th>
<th>(k) No</th>
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</tbody>
</table>

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ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184

Schedule R (Form 990) 2018 Page 2
**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<table>
<thead>
<tr>
<th>Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</td>
</tr>
<tr>
<td>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
</tr>
<tr>
<td>b Gift, grant, or capital contribution to related organization(s)</td>
</tr>
<tr>
<td>c Gift, grant, or capital contribution from related organization(s)</td>
</tr>
<tr>
<td>d Loans or loan guarantees to or for related organization(s)</td>
</tr>
<tr>
<td>e Loans or loan guarantees by related organization(s)</td>
</tr>
<tr>
<td>f Dividends from related organization(s)</td>
</tr>
<tr>
<td>g Sale of assets to related organization(s)</td>
</tr>
<tr>
<td>h Purchase of assets from related organization(s)</td>
</tr>
<tr>
<td>i Exchange of assets with related organization(s)</td>
</tr>
<tr>
<td>j Lease of facilities, equipment, or other assets to related organization(s)</td>
</tr>
<tr>
<td>k Lease of facilities, equipment, or other assets from related organization(s)</td>
</tr>
<tr>
<td>l Performance of services or membership or fundraising solicitations for related organization(s)</td>
</tr>
<tr>
<td>m Performance of services or membership or fundraising solicitations by related organization(s)</td>
</tr>
<tr>
<td>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
</tr>
<tr>
<td>o Sharing of paid employees with related organization(s)</td>
</tr>
<tr>
<td>p Reimbursement paid to related organization(s) for expenses</td>
</tr>
<tr>
<td>q Reimbursement paid by related organization(s) for expenses</td>
</tr>
<tr>
<td>r Other transfer of cash or property to related organization(s)</td>
</tr>
<tr>
<td>s Other transfer of cash or property from related organization(s)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ISRAEL CANCER ASSOCIATION USA (ICAUSA)</td>
<td>B</td>
<td>830,000</td>
<td>CASH VALUE</td>
</tr>
<tr>
<td>(2) ISRAEL CANCER ASSOCIATION (ISRAEL)</td>
<td>Q</td>
<td>96,000</td>
<td>CASH VALUE</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<tr>
<td>(6)</td>
<td></td>
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</tbody>
</table>
Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(d) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(e) Disproportionate allocations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(i) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
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</tr>
</tbody>
</table>
Provide additional information for responses to questions on Schedule R. See instructions.
**Application for Automatic Extension of Time To File an Exempt Organization Return**

**Type or print**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP</td>
<td>13-6218184</td>
</tr>
</tbody>
</table>

**Enter filer’s identifying number**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP</td>
<td>13-6218184</td>
</tr>
</tbody>
</table>

**File by the due date for filing your return. See instructions.**

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

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

<table>
<thead>
<tr>
<th>Application is For</th>
<th>Return Code</th>
<th>Application is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**The books are in the care of**

- **WEST PALM BEACH, FL 33405**

**Telephone No.** 561-832-9277  
**Fax No.**

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

1. **I request an automatic 6-month extension of time until MAY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:**
   - **calendar year**
   - **tax year beginning JULY 1, 2018 , and ending JUN 30, 2019 .**

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

3a. **If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.**

   $ 0.0

3b. **If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.**

   $ 0.0

3c. **Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.**

   $ 0.0

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

LHA  For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY
# TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500**

## FOR THE YEAR ENDING

**June 30, 2019**

| Prepared for            | Israel Cancer Association (USA) Corp  
|                        | 2751 S. Dixie Highway No. 3A  
|                        | West Palm Beach, FL 33405 |

| Prepared by            | Daszkal Bolton LLP  
|                        | 2401 NW Boca Raton Blvd  
|                        | Boca Raton, FL 33431-6639 |

| Amount due or refund | Balance due of $125.00 |

| Make check payable to | Department of Law |

| Mail tax return and check (if applicable) to | NYS Office of Attorney General  
|                                              | Charities Bureau Registration Section  
|                                              | 28 Liberty Street  
|                                              | New York, NY 10005 |

| Return must be mailed on or before | May 15, 2020 |

| Special Instructions | The report should be signed and dated by the authorized individual(s).  
|                      | The attached copy of federal Form 990 must be properly signed and dated. |
1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2018 and Ending (mm/dd/yyyy) 06/30/2019

Check if Applicable:  
- Address Change  
- Name Change  
- Initial Filing  
- Final Filing  
- Amended Filing  
- Reg ID Pending

Name of Organization: ISRAEL CANCER ASSOCIATION (USA) CORP

Mailing Address:
2751 S. DIXIE HIGHWAY, NO. 3A
WEST PALM BEACH, FL 33405

City / State / ZIP:  
Tel: 561 8329277
Email: WWW.ICAUSA.ORG

Employer Identification Number (EIN): 13-6218184

NY Registration Number: 001583

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

President or Authorized Officer:  
BRUCE S. KOPPEL  
PRESIDENT

Signature
Print Name and Title Date

Chief Financial Officer or Treasurer:  
PETER D. BROWN  
TREASURER/SECRETARY

Signature
Print Name and Title Date

Check your organization's registration category: 7A only  EPTL only  X  DUAL (7A & EPTL)  ✗  EXEMPT

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing. Indicate fee(s) you are submitting here:

☐ Yes ✗ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes ✗ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Make a single check or money order payable to: "Department of Law"

<table>
<thead>
<tr>
<th>7A filing fee:</th>
<th>EPTL filing fee:</th>
<th>Total fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 25.00</td>
<td>$ 100.00</td>
<td>$ 125.00</td>
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</table>

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.
Check the schedules you must submit with your CHAR500 as described in Part 4:

☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

☐ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

☐ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

☐ Our organization was eligible for and filed an IRS Form 990-N e-postcard. Our revenue exceeded $25,000 and/or our assets exceeded $25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant’s Review or Audit Report:

☐ Review Report if you received total revenue and support greater than $250,000 and up to $750,000.

☐ Audit Report if you received total revenue and support greater than $750,000.

☐ No Review Report or Audit Report is required because total revenue and support is less than $250,000.

☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

☐ $0, if you checked the 7A exemption in Part 3a

☐ $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

☐ $0, if you checked the EPTL exemption in Part 3b

☐ $25, if the NET WORTH is less than $50,000

☐ $50, if the NET WORTH is $50,000 or more but less than $250,000

☐ $100, if the NET WORTH is $250,000 or more but less than $1,000,000

☐ $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000

☐ $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000

☐ $1500, if the NET WORTH is $50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?
Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization’s NET WORTH?
NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).
**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

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

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

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable:

Address change [ ]
Name change [ ]
Initial return [ ]
Final return/terminated [ ]
Amended return [ ]
Application pending [ ]

C Name of organization

ISRAEL CANCER ASSOCIATION (USA) CORP

Doing business as

2751 S. DIXIE HIGHWAY
WEST PALM BEACH, FL 33405

D Employer identification number

13-6218184

E Telephone number

561-832-9277

F Name and address of principal officer

PETER D. BROWN
2751 S. DIXIE HIGHWAY, SUITE 3A, WEST PALM BEACH, FL 33405

G Gross receipts

848,640.

H(a) Is this a group return for subordinates?

[ ] Yes [X] No

H(b) Are all subordinates included?

[ ] Yes [X] No

H(c) Group exemption number

[ ]

J Website:

WWW.ICAUUSA.ORG

K Form of organization:

[X] Corporation [ ] Trust [ ] Association [ ] Other


Part I Summary

1 Briefly describe the organization's mission or most significant activities:

THE MISSION OF OUR ORGANIZATION IS TO RAISE FUNDS FOR FELLOWSHIP GRANTS SUPPORTING CANCER RESEARCH.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

20

4 Number of independent voting members of the governing body (Part VI, line 1b)

20

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1

6 Total number of volunteers (estimate if necessary)

25

7a Total unrelated business revenue from Part VIII, column (C), line 12

0.

7b Net unrelated business taxable income from Form 990-T, line 38

0.

8 Contributions and grants (Part VIII, line 1h)


9 Program service revenue (Part VIII, line 2g)

0.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

7,679. 13,299.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

14,353. -31,620.

12 Total revenue - add lines 8 through 11. (must equal Part VIII, column (A), line 12)

714,794. 748,780.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

768,350. 830,000.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

83,803. 81,680.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

42,972. 90,483.

18 Total expenses. Add lines 13-17. (must equal Part IX, column (A), line 25)

895,125. 1,002,163.

19 Revenue less expenses. Subtract line 18 from line 12

-180,331. -253,383.

Beginning of Current Year

650,089. 405,897.

End of Year

405,327.

570.

Part II Signature Block

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

Sign Here [ ]

Signature of officer

[ ]

Type or print name and title

PETER D. BROWN, TREASURER

Date

[ ]

Preparer and Use Only

Print/Type preparer's name

KEVIN E. REYNOLDS

Preparer's signature

[ ]

Date

[ ]

Check [ ] self-employed

PTIN

00178156

Preparer's EIN

65-0406502

Firm's name

DASZKAL BOLTON LLP

Firm's address

2401 NW BOCA RATON BLVD

BOCA RATON, FL 33431-6639

Phone no. (561) 367-1040

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

Form 990 (2018)

OMB No. 1545-0047

For Paperwork Reduction Act Notice, see the separate instructions.

LHA 832001 12-31-18

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

|
**Part III Statement of Program Service Accomplishments**

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>962,585.</td>
<td>748,780.</td>
</tr>
<tr>
<td>4b</td>
<td>830,000.</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>Total program service expenses</td>
<td>962,585.</td>
</tr>
</tbody>
</table>

---

**Briefly describe the organization’s mission:**

THE MISSION OF OUR ORGANIZATION IS TO RAISE FUNDS FOR FELLOWSHIP GRANTS SUPPORTING CRITICAL CANCER RESEARCH CONDUCTED BY DISTINGUISHED ISRAELI SCIENTISTS CONDUCTING RESEARCH AT LEADING HOSPITALS AND UNIVERSITIES THROUGHOUT ISRAEL.

---

1. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 
   - Yes [x] No
   
   If "Yes," describe these new services on Schedule O.

2. Did the organization cease conducting, or make significant changes in how it conducts, any program services? 
   - Yes [x] No
   
   If "Yes," describe these changes on Schedule O.

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

   **4a**
   
   (expenses $ 962,585. including grants of $ 830,000. ) (Revenue $ 748,780. )

   THE ORGANIZATION'S MAIN PURPOSE IS TO RECEIVE AND MAINTAIN FUNDS TO SUPPORT SCIENTIFIC RESEARCH IN THE FIELD OF CANCER.
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   Yes No

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   Yes No

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
   Yes No

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
   Yes No

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
   Yes No

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
   Yes No

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
   Yes No

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   Yes No

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
   Yes No

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
    Yes No

11. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI
    Yes No

12. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts VI and VII, VIII, IX, or X as applicable.
    a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
       Yes No
    b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
       Yes No
    c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
       Yes No
    d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
       Yes No
    e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
       Yes No
    f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
       Yes No

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
    Yes No

b. Was the organization included in consolidated, independent audited financial statements for the tax year?
   If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
   Yes No

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
    Yes No

14a. Did the organization maintain an office, employees, or agents outside of the United States?
    Yes No

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
   Yes No

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 I and IV
   Yes No

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 II and IV
   Yes No

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 F, Parts III and IV
   Yes No

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
   Yes No

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
   Yes No

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
    Yes No

b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
   Yes No

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II
    Yes No
### Part V Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Part IV Checklist of Required Schedules (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35b 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2a</strong> 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</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>2b</td>
<td>X</td>
</tr>
</tbody>
</table>

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3a</strong> Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td>3b</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4a</strong> 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)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td>4b</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5a</strong> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6a</strong> 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?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
</tr>
</tbody>
</table>

**7 Organizations that may receive deductible contributions under section 170(c).**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
<td></td>
</tr>
</tbody>
</table>

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?... | 8   |    |

**9 Sponsoring organizations maintaining donor advised funds.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
</tbody>
</table>

**10 Section 501(c)(7) organizations.** Enter:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
</tbody>
</table>

**11 Section 501(c)(12) organizations.** Enter:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
</tbody>
</table>

**12a 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.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** See the instructions for additional information the organization must report on Schedule O.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
</tbody>
</table>

**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 |
| b If "Yes," see instructions and file Form 4720, Schedule N. | 16 | X |
| c Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | X |

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td>16</td>
<td>X</td>
</tr>
</tbody>
</table>

Form 990 (2018)
### 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.**

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>The governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Policies

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed</td>
<td>FL, NY</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization's books and records</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

832006 12-31-18

Form 990 (2018) ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184 Page 6

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2018.05000 ISRAEL CANCER ASSOCIATION (10677_11
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BRUCE KOPPEL PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2</td>
<td>PETER D. BROWN SECRETARY/TREASURER</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3</td>
<td>DEENA FREEMAN EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4</td>
<td>LEXYE AVERSA EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>DR. RICHARD J. BOXER DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>DAVID GENSER DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7</td>
<td>ARTHUR E. BENJAMIN EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8</td>
<td>ELYSSA KUPFERBERG DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9</td>
<td>SEAN MCGOULD DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>ROY N. APPLE PAST PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>11</td>
<td>BARRY SLOTNICK DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12</td>
<td>WILMA S. MOONEY DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13</td>
<td>ADAM BROWN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>14</td>
<td>ERIC (RICK) SMITH DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>15</td>
<td>STEVEN MELMAN, VMD EXECUTIVE VICE PRESIDENT</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>16</td>
<td>HARVEY L. POPPEL DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>17</td>
<td>KENNETH DRUSKIN DIRECTOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Average hours per week</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) GAIL WORTH DIRECTOR</td>
<td>X</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) PHYLLIS MELMAN EXECUTIVE VICE PRESIDENT</td>
<td>X</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) DR. JOHN MEREY DIRECTOR</td>
<td>X</td>
<td>0.30</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**1b Sub-total**

```
0. 0. 0. 0. 0.
```

**c Total from continuation sheets to Part VII, Section A**

```
0. 0. 0. 0. 0.
```

**d Total (add lines 1b and 1c)**

```
0. 0. 0. 0. 0.
```

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

```
0
```

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

```
Yes  No
```

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

```
Yes  No
```

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

```
Yes  No
```

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

```
0
```
## Part VIII Statement of Revenue

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

### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1c 133,942.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td>1d 96,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 537,159.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td>767,101.</td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

#### Business Code

<table>
<thead>
<tr>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
</table>

#### Investment income (including dividends, interest, and other similar amounts)

- Investment income: 13,299.

#### Income from investment of tax-exempt bond proceeds

- Income: 13,299.

#### Royalties

- Real: (i)
- Personal: (ii)

#### Gross rents

- (i) Real
- (ii) Personal

#### Less: rental expenses

#### Rental income or (loss)

#### Net rental income or (loss)

#### Gross amount from sales of assets other than inventory

- Securities: (i)
- Other: (ii)

#### Less: cost or other basis and sales expenses

#### Gain or (loss)

#### Net gain or (loss)

#### Gross income from fundraising events (not including $133,942 of contributions reported on line 1c). See Part IV, line 18

- Part IV, line 18: 68,240.

#### Less: direct expenses

#### Net income or (loss) from fundraising events

- Net income or (loss): -31,620.

#### Gross income from gaming activities. See Part IV, line 19

#### Less: direct expenses

#### Net income or (loss) from gaming activities

#### Gross sales of inventory, less returns and allowances

#### Less: cost of goods sold

#### Net income or (loss) from sales of inventory

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
</table>

#### Add lines 11a-11d

- Total revenue: 748,780.

### Total revenue. See instructions

- Total revenue: 748,780.
- 0.
- 0.
- -18,321.
### 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).

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.</td>
<td>830,000.</td>
<td>830,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages.</td>
<td>67,692.</td>
<td>52,122.</td>
<td>4,062.</td>
<td>11,508.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits.</td>
<td>8,942.</td>
<td>6,885.</td>
<td>537.</td>
<td>1,520.</td>
</tr>
<tr>
<td>10 Payroll taxes.</td>
<td>5,046.</td>
<td>3,885.</td>
<td>303.</td>
<td>858.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting.</td>
<td>10,099.</td>
<td>4,898.</td>
<td>5,103.</td>
<td>98.</td>
</tr>
<tr>
<td>d Lobbying.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion.</td>
<td>49,511.</td>
<td>49,015.</td>
<td></td>
<td>496.</td>
</tr>
<tr>
<td>13 Office expenses.</td>
<td>6,573.</td>
<td>3,188.</td>
<td>3,321.</td>
<td>64.</td>
</tr>
<tr>
<td>14 Information technology.</td>
<td>6,086.</td>
<td>2,952.</td>
<td>3,075.</td>
<td>59.</td>
</tr>
<tr>
<td>15 Royalties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy.</td>
<td>7,172.</td>
<td>3,478.</td>
<td>3,624.</td>
<td>70.</td>
</tr>
<tr>
<td>17 Travel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization.</td>
<td>608.</td>
<td>608.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance.</td>
<td>2,376.</td>
<td>1,152.</td>
<td>1,201.</td>
<td>23.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a BANK FEES.</td>
<td>4,403.</td>
<td>2,135.</td>
<td>2,225.</td>
<td>43.</td>
</tr>
<tr>
<td>b PAYROLL PROCESSING FEES.</td>
<td>2,433.</td>
<td>1,873.</td>
<td>146.</td>
<td>414.</td>
</tr>
<tr>
<td>c DIRECT MAIL.</td>
<td>1,222.</td>
<td>1,002.</td>
<td>171.</td>
<td>49.</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e.</td>
<td>1,002,163.</td>
<td>962,585.</td>
<td>24,376.</td>
<td>15,202.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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[Form 990 (2018)] ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184 Page 10

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13511108 131409 10677.1 2018.05000 ISRAEL CANCER ASSOCIATION ( 10677_11)
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**Part X  Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>52,611</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>92,830</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>26,702</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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 instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a 31,707</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation</td>
<td>10b 28,302</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>475,274</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>2,291</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>650,089</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>0</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Unrestricted net assets</th>
<th>(B) Temporarily restricted net assets</th>
<th>(C) Permanently restricted net assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>343,512</td>
<td>141,696</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>46,398</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>260,179</td>
<td>263,631</td>
</tr>
<tr>
<td></td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td>650,089</td>
<td>405,327</td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>650,089</td>
<td>405,897</td>
</tr>
</tbody>
</table>

Reported by:  
ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184
### Part XI Reconciliation of Net Assets

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

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>748,780.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,002,163.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-253,383.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>650,089.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>8,621.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>405,327.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash</td>
<td>□ Accrual</td>
<td>□ Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis</td>
<td>□ Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Were the organization’s financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis</td>
<td>□ Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
Name of the organization: ISRAEL CANCER ASSOCIATION (USA) CORP
Employer identification number: 13-6218184

Part I Reason for Public Charity Status

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

f Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

g Enter the number of supported organizations

Provide the following information about the supported organization(s).

(i) Name of supported organization

(ii) EIN

(iii) Type of organization (described on lines 1-10 above (see instructions))

(iv) Is the organization listed in your governing document?

Yes No

(v) Amount of monetary support (see instructions)

(vi) Amount of other support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>365,961.</td>
<td>537,164.</td>
<td>983,206.</td>
<td>692,762.</td>
<td>767,101.</td>
<td>3,346,194.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>11,496.</td>
<td>14,418.</td>
<td>3,051.</td>
<td>7,679.</td>
<td>13,299.</td>
<td>49,943.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,396,137.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) | 14 | 68.68 % |
| Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 65.22 % |

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ✗ |

17a 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization. Explain in Part VI how the organization meets the "facts-and-circumstances" test. | ✗ |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ✗ |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. Subtract line 7c from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. Add lines 9, 10c, 11, and 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td>15</td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td>16</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td>17</td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td>18</td>
</tr>
</tbody>
</table>

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

**Public support percentage from 2017 Schedule A, Part III, line 15**
### Part IV 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? 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.

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.

#### Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   - a. The organization satisfied the Activities Test. Complete line 2 below.
   - b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   - c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   - a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   - b. Did the activities described in (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.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   - a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   - b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

### Section A - Adjusted Net Income

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

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td></td>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI), See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions, Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI), See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2018
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 B
(Form 990, 990-EZ, or 990-PF)

**Department of the Treasury**
**Internal Revenue Service**

**OMB No. 1545-0047**

**2018**

### Name of the organization

ISRAEL CANCER ASSOCIATION (USA) CORP

### Employer identification number

13-6218184

<table>
<thead>
<tr>
<th>Organization type (check one):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form 990 or 990-EZ</strong></td>
<td></td>
</tr>
<tr>
<td>501(c)(3) (enter number) organization</td>
<td>X</td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust <strong>not</strong> treated as a private foundation</td>
<td></td>
</tr>
<tr>
<td>527 political organization</td>
<td></td>
</tr>
<tr>
<td><strong>Form 990-PF</strong></td>
<td></td>
</tr>
<tr>
<td>501(c)(3) exempt private foundation</td>
<td></td>
</tr>
<tr>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
<td></td>
</tr>
<tr>
<td>501(c)(3) taxable private foundation</td>
<td></td>
</tr>
</tbody>
</table>

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

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

### General Rule

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

### Special Rules

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

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

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

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

LHA

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### Part I

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$44,000.</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$25,000.</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
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<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joe Smith</td>
<td>Cash</td>
<td>Held in a bank account</td>
<td>Adva TV</td>
<td>Related</td>
</tr>
<tr>
<td>2</td>
<td>Jane Doe</td>
<td>Materials</td>
<td>Used for a project</td>
<td>ABC Hospital</td>
<td>Co-Worker</td>
</tr>
<tr>
<td>3</td>
<td>Bill Jackson</td>
<td>Equipment</td>
<td>Installed in a facility</td>
<td>XYZ Clinic</td>
<td>Colleague</td>
</tr>
<tr>
<td>4</td>
<td>Mary Brown</td>
<td>Supplies</td>
<td>Delivered to a department</td>
<td>YZ University</td>
<td>Associate</td>
</tr>
<tr>
<td>5</td>
<td>Sam Lee</td>
<td>Software</td>
<td>Installed on a server</td>
<td>X University</td>
<td>Employee</td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adva TV</td>
<td>Related</td>
</tr>
<tr>
<td>ABC Hospital</td>
<td>Co-Worker</td>
</tr>
<tr>
<td>XYZ Clinic</td>
<td>Colleague</td>
</tr>
<tr>
<td>YZ University</td>
<td>Associate</td>
</tr>
<tr>
<td>X University</td>
<td>Employee</td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part II: Conservation Easements

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 important land area
   - Preservation of natural habitat
   - Preservation of a certified historic 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 easement on the last day of the tax year.

   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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? | Yes | No |

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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)? | Yes | No |

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

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

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

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 furtherance 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Escrow and Custodial Arrangements

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  

### Part V  Endowment Funds

1a Beginning of year balance  

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>260,179</td>
<td>281,388</td>
<td>301,105</td>
<td>315,489</td>
<td>339,170</td>
</tr>
</tbody>
</table>

b Contributions

c Net investment earnings, gains, and losses  

|          | |
|----------||
| 20,664.  | -1,512. |
| 1,360.   | 7,700.  |
| 61.      |        |

d Grants or scholarships

e Other expenditures for facilities and programs

|          | |
|----------||
| 27,992.  | 19,697. |
| 21,077.  | 22,084. |
| 23,742.  |        |

f Administrative expenses

|          | |
|----------||
| 252,851. | 260,179. |
| 281,388. | 301,105. |
| 315,489. |        |

End of year balance  

|          | |
|----------||
| 252,851. | 260,179. |
| 281,388. | 301,105. |
| 315,489. |        |

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Board designated or quasi-endowment</td>
<td>%</td>
</tr>
<tr>
<td>b Permanent endowment</td>
<td>100.00 %</td>
</tr>
<tr>
<td>c Temporarily restricted endowment</td>
<td>%</td>
</tr>
</tbody>
</table>

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3a(i)</td>
<td>X</td>
</tr>
<tr>
<td>3a(ii)</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI  Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>31,707.</td>
<td>28,302.</td>
<td>3,405.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3,405.</td>
</tr>
</tbody>
</table>
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (A) MUTUAL FUNDS                                               | 222,609        | END-OF-YEAR MARKET VALUE                                |
| (B)                                                           |                |                                                        |
| (C)                                                           |                |                                                        |
| (D)                                                           |                |                                                        |
| (E)                                                           |                |                                                        |
| (F)                                                           |                |                                                        |
| (G)                                                           |                |                                                        |
| (H)                                                           |                |                                                        |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

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

#### 1. Description of liability

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

#### 2. Liability for uncertain tax positions.

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

Schedule D (Form 990) 2018
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>857,261</td>
</tr>
<tr>
<td>2a</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>a) Net unrealized gains (losses) on investments</td>
<td>8,621</td>
</tr>
<tr>
<td>2c</td>
<td>b) Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>c) Recoveries of prior year grants</td>
<td>99,860</td>
</tr>
<tr>
<td>2e</td>
<td>d) Other (Describe in Part XIII.)</td>
<td>108,481</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>748,780</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>a) Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>b) Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>c) Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>748,780</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1,102,023</td>
</tr>
<tr>
<td>2a</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>a) Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>b) Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>c) Other losses</td>
<td>99,860</td>
</tr>
<tr>
<td>2e</td>
<td>d) Other (Describe in Part XIII.)</td>
<td>99,860</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>1,002,163</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>a) Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>b) Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>c) Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>1,002,163</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information

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

---

**PART V, LINE 4:**

TO PROVIDE FUNDING FOR CANCER RESEARCH CONDUCTED BY ISRAELI CANCER RESEARCHERS APPROVED BY AND UNDER THE AUSPICES OF THE ISRAEL CANCER ASSOCIATION.

---

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. ACCORDINGLY THERE IS NO PROVISION FOR INCOME TAXES.
THE ORGANIZATION RECORDS A LIABILITY FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WOULD NOT BE SUSTAINED IF EXAMINED BY THE TAXING AUTHORITY. THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES OF SPECIAL EVENTS 99,860.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT EXPENSES OF SPECIAL EVENTS 99,860.
# Statement of Activities Outside the United States

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

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

2. **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION TO FURTHER THE EXEMPT PURPOSE OF ORGANIZATION FELLOWSHIP GRANTS FOR BY PROMOTING AND FUNDING CANCER RESEARCH SCIENTISTS, CANCER RESEARCH.</td>
<td>830,000.</td>
<td>830,000.</td>
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</tbody>
</table>

3 a Subtotal 0 0 0 0 0 830,000.

b Total from continuation sheets to Part I 0 0 0 0 0 0.

c Totals (add lines 3a and 3b) 0 0 0 0 0 830,000.

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

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION (USA) CORP 13-6218184</td>
<td></td>
<td>ISRAEL</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION. FELLOWSHIP GRANTS FOR CANCER</td>
<td>$830,000</td>
<td>TRANSFER</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS
### Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
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<td>Question</td>
<td>Yes/No</td>
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<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If &quot;Yes,&quot; 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)</td>
<td>☐ Yes ☒ No</td>
<td></td>
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<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If &quot;Yes,&quot; 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)</td>
<td>☐ Yes ☒ No</td>
<td></td>
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<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year? If &quot;Yes,&quot; 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)</td>
<td>☐ Yes ☒ No</td>
<td></td>
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<tr>
<td>4</td>
<td>Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If &quot;Yes,&quot; 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)</td>
<td>☐ Yes ☒ No</td>
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<tr>
<td>5</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year? If &quot;Yes,&quot; the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</td>
<td>☐ Yes ☒ No</td>
<td></td>
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<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If &quot;Yes,&quot; the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</td>
<td>☐ Yes ☒ No</td>
<td></td>
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</tr>
</tbody>
</table>
PART I, LINE 2:

THE ORGANIZATION EARMARKS DONATIONS MADE TO SUPPORT CANCER RESEARCH AS FELLOWSHIPS. ALL FELLOWSHIPS ARE AWARDED TO THE ISRAEL CANCER ASSOCIATION IN ISRAEL TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE IN RESEARCHING A CURE FOR CANCER.

PART II, COLUMN (D):

REGION: ISRAEL

(D) PURPOSE OF GRANT: GRANTS TO RECIPIENTS LOCATED IN THE REGION. FELLOWSHIP GRANTS FOR CANCER RESEARCH SCIENTISTS.
**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - a. Mail solicitations
   - b. Internet and email solicitations
   - c. Phone solicitations
   - d. In-person solicitations
   - e. Solicitation of non-government grants
   - f. Solicitation of government grants
   - g. Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - [ ] Yes
   - [ ] No

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

Total

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

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>LUNCHEON</th>
<th>GOLF TOURNAMENT</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>Event #2</td>
<td>(add col. (a) through col. (c))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>114,370.</td>
<td>84,645.</td>
<td>3,167.</td>
<td>202,182.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>77,004.</td>
<td>56,938.</td>
<td></td>
<td>133,942.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>37,366.</td>
<td>27,707.</td>
<td>3,167.</td>
<td>68,240.</td>
</tr>
</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
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<tr>
<td>Cash prizes</td>
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<tr>
<td>Noncash prizes</td>
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<tr>
<td>Rent/facility costs</td>
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<tr>
<td>Food and beverages</td>
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<tr>
<td>Entertainment</td>
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<tr>
<td>Other direct expenses</td>
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<tr>
<td>Gross revenue</td>
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<tr>
<td>Cash prizes</td>
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<td>Noncash prizes</td>
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<td>Rent/facility costs</td>
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<tr>
<td>Other direct expenses</td>
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<tr>
<td>Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the organization licensed to conduct gaming activities in each of these states?</td>
<td>Yes</td>
</tr>
<tr>
<td>If &quot;No,&quot; explain:</td>
<td></td>
</tr>
</tbody>
</table>

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?</td>
<td>Yes</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; explain:</td>
<td></td>
</tr>
</tbody>
</table>
Schedule G (Form 990 or 990-EZ) 2018  

11 Does the organization conduct gaming activities with nonmembers?  
   Yes ☐ No ☐

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
   Yes ☐ No ☐

13 Indicate the percentage of gaming activity conducted in:  
   a The organization’s facility ☐
   b An outside facility ☐  
   13a %
   13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:  
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

   b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

   c If "Yes," enter name and address of the third party:  
   Name ▶
   Address ▶

16 Gaming manager information:  
   Name ▶
   Gaming manager compensation $
   Description of services provided ▶
   ☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:  
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>President Bruce Koppel Esquire is Peter Browns (Treasurer/Secretary) real estate attorney. Peter D. Brown and Adam Brown are brothers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 7A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elected and voted on by the Executive Board of Directors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section A, Line 7B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day to day operations and organization of special events.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 11B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The form is reviewed by the Executive Director and the Treasurer prior to filing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 12C:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All employees and board members are required to review and sign policy prior to conducting business.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section B, Line 15:</th>
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</thead>
<tbody>
<tr>
<td>Organization provided W-3 and W-2 reports to confirm compensation of CEO, Executive Director, top management officials, and key employees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990, Part VI, Section C, Line 19:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All governing documents, policies and financial statements are available to the public upon request.</td>
</tr>
</tbody>
</table>
FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS AUDIT OVERSIGHT OR SELECTION OF AN INDEPENDENT ACCOUNTANT PROCESS FROM THE PRIOR YEAR.
### Part I: Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Part II: Identification of Related Tax-Exempt Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISRAEL CANCER ASSOCIATION</td>
<td>TO RAISE FUNDS FOR</td>
<td></td>
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<tr>
<td>7 REVIVIM STREET</td>
<td>FELLOWSHIPS FOR CANCER</td>
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</tr>
<tr>
<td>11 - GIVATAYIM, ISRAEL 53103</td>
<td>RESEARCH,</td>
<td>ISRAEL</td>
<td>N/A</td>
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<td>Yes</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018
### Part III: Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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<td>Percentage ownership</td>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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</table>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  
   b. Gift, grant, or capital contribution to related organization(s)  
   c. Gift, grant, or capital contribution from related organization(s)  
   d. Loans or loan guarantees to or for related organization(s)  
   e. Loans or loan guarantees by related organization(s)  
   f. Dividends from related organization(s)  
   g. Sale of assets to related organization(s)  
   h. Purchase of assets from related organization(s)  
   i. Exchange of assets with related organization(s)  
   j. Lease of facilities, equipment, or other assets to related organization(s)  
   k. Lease of facilities, equipment, or other assets from related organization(s)  
   l. Performance of services or membership or fundraising solicitations for related organization(s)  
   m. Performance of services or membership or fundraising solicitations by related organization(s)  
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  
   o. Sharing of paid employees with related organization(s)  
   p. Reimbursement paid to related organization(s) for expenses  
   q. Reimbursement paid by related organization(s) for expenses  
   r. Other transfer of cash or property to related organization(s)  
   s. Other transfer of cash or property from related organization(s)  

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ISRAEL CANCER ASSOCIATION USA (ICAUSA)</td>
<td>B</td>
<td>$830,000</td>
<td>CASH VALUE</td>
</tr>
<tr>
<td>(2) ISRAEL CANCER ASSOCIATION (ISRAEL)</td>
<td>Q</td>
<td>$96,000</td>
<td>CASH VALUE</td>
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<tr>
<td>(a) Name, address, and EIN of entity</td>
<td>(b) Primary activity</td>
<td>(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>(d) Are all partners sec. 501(c)(3) orgs.?</td>
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Part VII Supplemental Information.

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

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