



MAY 9, 2016

TOWER CANCER RESEARCH FOUNDATION  
8767 WILSHIRE BLVD. NO. 401  
BEVERLY HILLS, CA 90211

TOWER CANCER RESEARCH FOUNDATION:

ENCLOSED ARE THE 2015 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS:

2015 FORM 990

2015 CALIFORNIA FORM 199

2015 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

TAYIIKA M. DENNIS

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2015

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**PREPARED FOR:**

TOWER CANCER RESEARCH FOUNDATION  
8767 WILSHIRE BLVD. NO. 401  
BEVERLY HILLS, CA 90211

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**PREPARED BY:**

NSBN LLP  
1925 CENTURY PARK E FL 16  
LOS ANGELES, CA 90067

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**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

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**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.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_

# 2015

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**TOWER CANCER RESEARCH FOUNDATION**

**95-4596354**

Name and title of officer

**LINDA DAVID**

**EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,408,096.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize NSBN LLP to enter my PIN 94035  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**95154994035**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 05/09/16

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TOWER CANCER RESEARCH FOUNDATION</b>		<b>D</b> Employer identification number <b>95-4596354</b>
	Doing business as		<b>E</b> Telephone number <b>310-285-7242</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,052,025.</b>
	<b>8767 WILSHIRE BLVD.</b>	<b>401</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or province, country, and ZIP or foreign postal code <b>BEVERLY HILLS, CA 90211</b>		<b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: <b>LINDA DAVID</b> <b>SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>TOWERCANCERFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INNOVATIVE RESEARCH, COMMUNITY EDUCATION AND CARING PATIENT SUPPORT WHILE DEVELOPING MORE EFFECTIVE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>31</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,510,984.</b>	<b>Current Year</b> <b>3,206,653.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>99,828.</b>	<b>113,682.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>86,071.</b>	<b>87,761.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,696,883.</b>	<b>3,408,096.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>400,000.</b>	<b>2,532,125.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>694,921.</b>	<b>701,594.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>342,639.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>816,713.</b>	<b>1,154,989.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,911,634.</b>	<b>4,388,708.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>785,249.</b>	<b>-980,612.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>4,532,403.</b>	<b>End of Year</b> <b>4,818,920.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>914,953.</b>	<b>2,203,740.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,617,450.</b>	<b>2,615,180.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>LINDA DAVID, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TAYIIKA M. DENNIS</b>	Preparer's signature <b>TAYIIKA M. DENNIS</b>	Date <b>05/09/16</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01575149</b>
	Firm's name ▶ <b>NSBN LLP</b>	Firm's EIN ▶ <b>95-2399533</b>	Phone no. (310) 273-2501	
Firm's address ▶ <b>1925 CENTURY PARK E FL 16</b>		<b>LOS ANGELES, CA 90067</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TOWER CANCER RESEARCH FOUNDATION PROVIDES GRANTS FOR CLINICAL TRIALS,
INNOVATIVE RESEARCH, CARING PATIENT SUPPORT AND COMMUNITY EDUCATION,
PRIMARILY IN SOUTHERN CALIFORNIA, TO PROMOTE MORE EFFECTIVE TREATMENTS
FOR CANCER AND BLOOD DISORDERS.

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

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

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

4a (Code: ) (Expenses \$ 3,649,667. including grants of \$ 2,532,125. ) (Revenue \$ 113,682. )
CLINICAL TRIALS, DEVELOPMENT OF POTENTIAL NEW TREATMENT OPTIONS FOR
CANCER AND BLOOD DISORDERS.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,649,667.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for backup withholding, employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.



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

		Yes	No
<b>1a</b>	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.		
	1a 31		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 31		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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 **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LINDA DAVID, EXECUTIVE DIRECTOR - 310-285-7242**  
**8767 WILSHIRE BLVD., NO. 401, BEVERLY HILLS, CA 90211**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY MISHKIN CHAIRMAN OF THE BOARD	2.00	X		X			0.	0.	0.	
(2) SOLOMON I. HAMBURG, MD, PHD PRESIDENT	5.00	X		X			0.	0.	0.	
(3) DAVID RUDERMAN TREASURER	2.00	X		X			0.	0.	0.	
(4) ELIZABETH DRUCKER SECRETARY	2.00	X		X			0.	0.	0.	
(5) FRED ROSENFELT, MD VP SCIENTIFIC AFFAIRS	5.00	X					0.	0.	0.	
(6) HILTON CHODOROW BOARD MEMBER	2.00	X					0.	0.	0.	
(7) BARBARA FEDERMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(8) RANDY KATZ BOARD MEMBER	2.00	X					0.	0.	0.	
(9) ALAN D. LEVY BOARD MEMBER	2.00	X					0.	0.	0.	
(10) SALLY MAGARAM BOARD MEMBER	2.00	X					0.	0.	0.	
(11) DAVID BERMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(12) KAREN ROSENFELT BLANCATO BOARD MEMBER	2.00	X					0.	0.	0.	
(13) ROBERT DECKER, MD BOARD MEMBER	2.00	X					0.	0.	0.	
(14) BETH GOREN BOARD MEMBER	2.00	X					0.	0.	0.	
(15) BRINDELL GOTTLIEB BOARD MEMBER	2.00	X					0.	0.	0.	
(16) BETTY HAAGEN BOARD MEMBER	2.00	X					0.	0.	0.	
(17) DR. SUSAN KREVOY BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT LAKIN BOARD MEMBER	2.00	X						0.	0.	0.
(19) PHILOMENA MCANDREW, MD BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANDREW RAINES BOARD MEMBER	2.00	X						0.	0.	0.
(21) LARRY ROSENSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(22) SAUL ROSENZWEIG BOARD MEMBER	2.00	X						0.	0.	0.
(23) SHELLEY WARSAVSKY MAGNOLIA COUNCIL CHAIRMAN	2.00	X						0.	0.	0.
(24) DAYLE ZUKOR BOARD MEMBER	2.00	X						0.	0.	0.
(25) ABBY LEVY BOARD MEMBER	2.00	X						0.	0.	0.
(26) JEANNE SCHNITZER MARKS BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								181,389.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								181,389.	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 **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	1,224,359.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,982,294.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		3,206,653.				
Program Service Revenue	<b>2 a</b>	RESEARCH STUDIES	Business Code 541700	113,682.	113,682.			
	<b>b</b>	.....						
	<b>c</b>	.....						
	<b>d</b>	.....						
	<b>e</b>	.....						
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		113,682.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		87,761.			87,761.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....						
		Rental income or (loss) .....						
		Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....						
		Gain or (loss) .....						
		Net gain or (loss) .....						
	<b>8 a</b>	Gross income from fundraising events (not including \$ 1,224,359. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	643,929.				
		Less: direct expenses .....	<b>b</b>	643,929.				
		Net income or (loss) from fundraising events .....			0.			
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
Less: direct expenses .....		<b>b</b>						
Net income or (loss) from gaming activities .....								
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	Less: cost of goods sold .....	<b>b</b>						
	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b>	.....							
	<b>b</b>	.....						
	<b>c</b>	.....						
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....						
<b>12</b>	<b>Total revenue.</b> See instructions. ....			3,408,096.	113,682.	0.	87,761.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,532,125.	2,532,125.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	181,389.	63,486.	45,347.	72,556.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	394,371.	163,329.	114,006.	117,036.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	80,465.	26,416.	24,771.	29,278.
<b>10</b> Payroll taxes .....	45,369.	13,927.	14,426.	17,016.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	38,417.		38,417.	
<b>c</b> Accounting .....	25,000.		25,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,365.	2,591.	7,774.	
<b>12</b> Advertising and promotion .....	40,721.	40,721.		
<b>13</b> Office expenses .....	39,006.	19,532.	9,796.	9,678.
<b>14</b> Information technology .....	60,246.	30,122.	15,062.	15,062.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	95,635.	47,817.	23,909.	23,909.
<b>17</b> Travel .....	26,100.	13,052.	6,524.	6,524.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	19,002.	9,502.	4,750.	4,750.
<b>23</b> Insurance .....	65,576.	52,535.	13,041.	
<b>24</b> 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.)				
<b>a</b> <b>OUTREACH PROGRAMS</b>	588,277.	580,425.	3,926.	3,926.
<b>b</b> <b>BANKING AND INVESTMENT</b>	49,028.		25,051.	23,977.
<b>c</b> <b>OUTSIDE SERVICES</b>	30,813.	15,407.	7,703.	7,703.
<b>d</b> <b>PRINTING AND POSTAGE</b>	19,240.	19,240.		
<b>e</b> All other expenses	47,563.	19,440.	16,899.	11,224.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,388,708.	3,649,667.	396,402.	342,639.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	209,733.	<b>1</b>	675,990.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	535,115.	<b>3</b>	275,000.
	<b>4</b> Accounts receivable, net .....	107,517.	<b>4</b>	41,340.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	45,410.	<b>9</b>	223,359.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 763,517.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 155,012.		
	<b>11</b> Investments - publicly traded securities .....	60,970.	<b>10c</b>	608,505.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,573,658.	<b>11</b>	2,994,726.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,532,403.	<b>15</b>		
		<b>16</b>	4,818,920.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	114,953.	<b>17</b>	62,740.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	800,000.	<b>25</b>	2,141,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	914,953.	<b>26</b>	2,203,740.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,414,265.	<b>27</b>	1,257,713.
	<b>28</b> Temporarily restricted net assets .....	1,203,185.	<b>28</b>	1,357,467.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,617,450.	<b>33</b>	2,615,180.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,532,403.	<b>34</b>	4,818,920.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,408,096.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,388,708.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-980,612.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,617,450.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,658.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,615,180.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **TOWER CANCER RESEARCH FOUNDATION** Employer identification number **95-4596354**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

f Enter the number of supported organizations \_\_\_\_\_

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	735,250.	810,954.	1481081.	2510984.	3206653.	8744922.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	735,250.	810,954.	1481081.	2510984.	3206653.	8744922.
<b>5</b> 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) .....						490,417.
<b>6 Public support.</b> Subtract line 5 from line 4.						8254505.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	735,250.	810,954.	1481081.	2510984.	3206653.	8744922.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	103,810.	130,969.	74,042.	86,071.	87,761.	482,653.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						9227575.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	819,017.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.45 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	75.04 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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





**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2015**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
RICK ROSEN	253,625.	69,073.
JOSEPH DROWN FOUNDATION	225,000.	40,448.
JESSICA BERMAN MEMORIAL FUND	500,000.	315,448.
FEINTECH FAMILY FOUNDATION	250,000.	65,448.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		490,417.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

TOWER CANCER RESEARCH FOUNDATION

Employer identification number

95-4596354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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) (2015)

Name of organization <b>TOWER CANCER RESEARCH FOUNDATION</b>	Employer identification number <b>95-4596354</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CEDARS-SINAI MEDICAL CENTER  8700 BEVERLY BLVD STE 2416  LOS ANGELES, CA 90048	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JANIS EHRLICH  8767 WILSHIRE BLVD., SUITE 401  BEVERLY HILLS, CA 90211	\$ 103,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MACQUARIE GROUP 10250 S. CONSTELLATION BLVD SUITE 2250  LOS ANGELES, CA 90067	\$ 79,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RUSSELL KERN  8767 WILSHIRE BLVD., SUITE 401  BEVERLY HILLS, CA 90211	\$ 79,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOWER CANCER RESEARCH FOUNDATION</b>	Employer identification number  <b>95-4596354</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization <b>TOWER CANCER RESEARCH FOUNDATION</b>	Employer identification number <b>95-4596354</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2015 Open to Public Inspection

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

Name of the organization TOWER CANCER RESEARCH FOUNDATION Employer identification number 95-4596354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c 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:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		398,118.		398,118.
d Equipment		365,399.	155,012.	210,387.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>608,505.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLEDGES PAYABLE	2,141,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,141,000.

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,386,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-21,658.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-21,658.	
3	Subtract line 2e from line 1	3	3,408,096.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,408,096.	

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

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

1	Total expenses and losses per audited financial statements		1	4,388,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	4,388,708.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,388,708.	

**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 X, LINE 2:**

TOWER CANCER RESEARCH FOUNDATION FILES IRS FORM 990 AND STATE FORMS 199 AND RRF-1. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. TOWER CANCER RESEARCH FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT OF TOWER CANCER RESEARCH FOUNDATION DOES NOT BELIEVE THE FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. WITH FEW EXCEPTIONS, TOWER CANCER RESEARCH FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2012 AND 2011, RESPECTIVELY.

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PAGE 4, PART XI, LINE 2D

DIRECT COSTS OF FUNDRAISING OF \$643,929 REPORTED AS EXPENSE ON FINANCIAL STATEMENT AND REDUCTION OF INCOME ON TAX RETURN.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization  
**TOWER CANCER RESEARCH FOUNDATION**

Employer identification number  
**95-4596354**

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

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

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

**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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	LUNCHEON (event type)	2 (total number)		
Revenue	1	Gross receipts	1,031,812.	284,316.	417,893.	1,734,021.
	2	Less: Contributions	767,190.	176,976.	231,530.	1,175,696.
	3	Gross income (line 1 minus line 2)	264,622.	107,340.	186,363.	558,325.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	137,439.	67,451.		204,890.
	7	Food and beverages				
	8	Entertainment	28,616.	1,349.		29,965.
	9	Other direct expenses	98,567.	38,540.	186,363.	323,470.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				558,325.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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).



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **TOWER CANCER RESEARCH FOUNDATION** Employer identification number **95-4596354**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UCLA 10833 LE CONTE AVENUE LOS ANGELES, CA 90098	95-2250801		800,000.	0.			RESEARCH
CANCER SUPPORT COMMUNITY 1990 SOUTH BUNDY DR. # 100 LOS ANGELES, CA 90025	33-0287070		15,625.	0.			RESEARCH
USC, KECK SCHOOL OF MEDICINE 1975 ZONAL AVE. LOS ANGELES, CA 90033	95-1642394		25,000.	0.			RESEARCH
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD., SUITE 2416 LOS ANGELES, CA 90048	95-1644600		1,691,500.	0.			RESEARCH

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

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

Schedule I (Form 990) (2015)

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

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

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

SCHEDULE I, PART I, LINE 2:

SEMI-ANNUAL PROGRESS REPORT AND EVALUATION

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **TOWER CANCER RESEARCH FOUNDATION** Employer identification number **95-4596354**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA DAVID EXECUTIVE DIRECTOR	(i)	181,389.	0.	0.	0.	0.	181,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

TOWER CANCER RESEARCH FOUNDATION

Employer identification number

95-4596354

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

TREATMENTS FOR CANCER AND BLOOD DISORDERS.

FORM 990, PART VI, SECTION A, LINE 2:

MARRIED COUPLES - ALAN D & ABBY LEVY, JACK & NANCY MISHKIN, BARBARA & DR.

JERRY FEDERMAN

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

REVIEW OF FORM 990 PRIOR TO FILING

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

CONSISTENT MONITORING AND ENFORCEMENT

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

REVIEW AND APPROVAL BY BOARD OF DIRECTORS

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

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 2C

THE ORGANIZATION'S EXECUTIVE COMMITTEE ASSUMES OVERSIGHT OVER THE AUDIT

PROCESS AND REVIEWS AND APPROVES THE AUDIT. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
DECEMBER 31, 2015

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**PREPARED FOR:**

TOWER CANCER RESEARCH FOUNDATION  
8767 WILSHIRE BLVD. NO. 401  
BEVERLY HILLS, CA 90211

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**PREPARED BY:**

NSBN LLP  
1925 CENTURY PARK E FL 16  
LOS ANGELES, CA 90067

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL AX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

**FOR THE YEAR ENDING**

DECEMBER 31, 2015

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**PREPARED FOR:**

TOWER CANCER RESEARCH FOUNDATION  
8767 WILSHIRE BLVD. NO. 401  
BEVERLY HILLS, CA 90211

---

**PREPARED BY:**

NSBN LLP  
1925 CENTURY PARK E FL 16  
LOS ANGELES, CA 90067

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$150

---

**MAKE CHECK PAYABLE TO:**

ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS

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**MAIL TAX RETURN TO:**

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

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**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 16, 2016

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

**California Exempt Organization  
Annual Information Return**

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **TOWER CANCER RESEARCH FOUNDATION**

California corporation number: **1975859**

FEIN: **95-4596354**

Street address (suite or room): **8767 WILSHIRE BLVD., NO. 401**

City: **BEVERLY HILLS** State: **CA** ZIP code: **90211**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is a federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	845,372.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	3,206,653.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	4,052,025.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	4,052,025.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,032,637.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-980,612.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **EXECUTIVE DIRE** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **TAYIIKA M. DENNIS** Date: **05/09/16** Check if self-employed:  PTIN: **P01575149**

Firm's name (or yours, if self-employed) and address: **NSBN LLP**  
**1925 CENTURY PARK E FL 16**  
**LOS ANGELES, CA 90067** Telephone: **(310) 273-2501**

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	643,929.00	
	2	Interest	•	2	87,761.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	113,682.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	845,372.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	2,532,125.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	181,389.00	
	12	Other salaries and wages	•	12	394,371.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	45,369.00
		15	Rents	•	15	95,635.00
		16	Depreciation and depletion (See instructions)	•	16	19,002.00
		17	Other Expenses and Disbursements	•	17	1,764,746.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,032,637.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		209,733.		675,990.
2 Net accounts receivable		107,517.		41,340.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 6	3,573,658.		2,994,726.
10 a Depreciable assets	196,980.		763,517.	
b Less accumulated depreciation	( 136,010. )	60,970.	( 155,012. )	608,505.
11 Land				
12 Other assets	STMT 7	580,525.		498,359.
13 <b>Total assets</b>		4,532,403.		4,818,920.
<b>Liabilities and net worth</b>				
14 Accounts payable		114,953.		62,740.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 8	800,000.		2,141,000.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,617,450.		2,615,180.
22 <b>Total liabilities and net worth</b>		4,532,403.		4,818,920.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-980,612.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-980,612.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-980,612.



FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD STE 2416 LOS ANGELES, CA 90048	08/17/15	900,000.
JANIS EHRLICH	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/20/15	103,000.
MACQUARIE GROUP	10250 S. CONSTELLATION BLVD SUITE 2250 LOS ANGELES, CA 90067	12/10/15	79,700.
RUSSELL KERN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/30/15	79,364.
LARRY ROSENSTEIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/30/15	47,816.
NINA ROSENTHAL	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/11/15	45,000.
LAKIN FAMILY FOUNDATION	165 TOWNSHIP LINE RD. SUITE 150 JENKINTOWN, PA 19046	12/02/15	32,800.
FREDERICK RICHMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/29/15	30,250.
JEANNE MARKS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/11/15	29,157.
KARLA LLOVIO	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/27/15	27,600.
JOSEPH DROWN FOUNDATION	1999 AVENUE OF THE STARS STE 2330 LOS ANGELES, CA 90067	04/20/15	25,000.
CHRISTINE BENCHAY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/18/15	25,000.
DEBRA MICHEL FAMILY TRUST	2830 FORRESTER DR. LOS ANGELES, CA 90064	06/02/15	25,000.

TOWER CANCER RESEARCH FOUNDATION95-4596354

THE GOLDHIRSH YELLIN FOUNDATION	16030 VENTURA BLVD SUITE 380 ENCINO, CA 91436	10/15/15	25,000.
ANGIE DAVID	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/30/15	23,035.
TED KAPLAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/04/15	22,700.
RALPH EDWARDS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/13/15	20,100.
STEPHEN SACKS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/30/15	17,500.
KEITER FAMILY FOUNDATION	PO BOX 7817 BEVERLY HILLS, CA 90212	09/22/15	17,100.
SHELLEY WARSAVSKY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/22/15	16,233.
RICHARD CORLETO	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/03/15	16,152.
NANCY MISHKIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/24/15	16,047.
ANDREW HAAS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/06/15	15,700.
DONNA ROSEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/23/15	30,388.
ROBERT WIVIOTT	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/30/15	15,050.
DENISE DEMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/25/15	15,050.
MICHAEL KARLIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/03/15	15,000.
BETH GOREN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/16/15	14,271.

TOWER CANCER RESEARCH FOUNDATION95-4596354

MENDELSON & ASSOCIATES, INC.	2615 S HILL ST LOS ANGELES, CA 90007	12/21/15	14,000.
GLASER, WEIL, FINK, JACOBS, HOWARD AND SHAPIRO LLP	10250 CONSTELLATION BLVD STE 1900 LOS ANGELES, CA 90067	04/17/15	12,500.
BETTY HAAGEN	8767 WILSHIRE BLVD BEVERLY HILLS, CA 90211	07/06/15	12,400.
XIV CARATS LTD	314 S BEVERLY DR BEVERLY HILLS, CA 90212	09/30/15	12,000.
ALAN LEVY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/23/15	11,700.
JULIE SHAMES	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/30/15	11,250.
MARY ANN WEISBERG AND BRYCE PERRY FOUNDATION	166 HOMEWOOD RD LOS ANGELES, CA 90049	09/08/15	11,200.
JONATHAN LAYNE	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/16/15	11,063.
PHIL MAGARAM	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/12/15	11,041.
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD STE 8215 WEST HOLLYWOOD, CA 90048	11/17/15	11,000.
SOLOMON HAMBURG	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/12/15	10,724.
NANCY DELIBAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/06/15	10,700.
THOMAS NOGRADI	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/23/15	10,637.
ANN BARRY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/24/15	10,050.

TOWER CANCER RESEARCH FOUNDATION95-4596354

DOUGLAS HOCKERSMITH	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/22/15	10,000.
KENNETH BLANCATO	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/30/15	10,000.
JASON GROSFELD	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/05/15	10,000.
ANTHONY & JEANNE PRITZKER FAMILY FOUNDATION	11111 SANTA MONICA BLVD STE 1650 LOS ANGELES, CA 90025	06/08/15	10,000.
THE PRESENT FAMILY FOUNDATION	7839 ELECTRA DR LOS ANGELES, CA 90046	05/27/15	10,000.
MERCEDES BENZ-BEVERLY HILLS	9250 BEVERLY BLVD BEVERLY HILLS, CA 90210	05/27/15	10,000.
CEDARS-SINAI SAMUEL OSCHIN COMPREHENSIVE	8700 BEVERLY BLVD STE 2416 LOS ANGELES, CA 90048	08/11/15	10,000.
SKECHERS USA, INC.	225 S SEPULVEDA BLVD MANHATTAN BEACH, CA 90266	10/01/15	10,000.
GUESS? FOUNDATION	1444 S ALAMEDA ST LOS ANGELES, CA 90021	10/05/15	10,000.
MARK ATTANASIO	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/23/15	10,000.
APOLLO GLOBAL MANAGEMENT	9 WEST 57TH ST. NEW YORK, NY 10019	05/24/15	10,000.
ATHENE USA	7700 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50266	05/18/15	10,000.
DAVID FERMILIA	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/28/15	10,000.
JOAN CRESPI	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/24/15	10,000.
CHILDREN'S HOSPITAL LOS ANGELES	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/16/15	10,000.

TOWER CANCER RESEARCH FOUNDATION95-4596354

ROBERT BOURDON	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/15/15	10,000.
RON BURKLE	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/06/15	10,000.
THE BIEL FUND	PO BOX 15203 ALBANY, NY 12212	09/21/15	10,000.
MITCHELL CHAIT	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/29/15	9,817.
DAVID RUDERMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/17/15	9,750.
LEE MILLER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/16/15	9,550.
VIZHIER MOONEY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/12/15	9,404.
SAUL ROSENZWEIG	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/29/15	9,400.
RANDI GRANT	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/10/15	8,070.
ABBY LEVY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/23/15	8,050.
JODY SHERMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/27/15	7,850.
BARBARA LAZAROFF	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/30/15	7,550.
ROBERT ACKERMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/31/15	7,500.
MICHELE KAPLAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/24/15	7,500.
FOUR LLC	15413 SNOWHILL LN. CENTREVILLE, VA 02012	08/11/15	7,500.

TOWER CANCER RESEARCH FOUNDATION95-4596354

ELIZABETH DRUCKER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/04/15	7,304.
THE STANLEY & JOYCE BLACK FAMILY FOUNDATION	433 N CAMDEN DR STE 1070 BEVERLY HILLS, CA 90210	09/11/15	7,250.
HILTON CHODOROW	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/27/15	7,200.
ANONYMOUS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/10/15	7,012.
ANDREA DECKER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/18/15	7,000.
BARRY ROSENBLOOM	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/28/15	6,700.
JAMES BELARDI	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/29/15	6,500.
ROBERT MARGOLIS FOUNDATION	14701 MULHOLLAND DR LOS ANGELES, CA 90077	09/18/15	6,500.
THE SAUL BRANDMAN FOUNDATION	9595 WILSHIRE BLVD STE 511 BEVERLY HILLS, CA 90212	07/27/15	6,250.
MURRAY LUGASH	8767 WILSHIRE BLVD BEVERLY HILLS, CA 90211	11/28/15	6,000.
HERZOG, YUHAS, EHRLICH & ARDELL, A.P.C.	11400 WEST OLYMPIC BLVD. SUITE 1150 LOS ANGELES, CA 90064	06/02/15	6,000.
WARREN AND ELAINE BRESLOW FAMILY FOUNDATION	2496 LANCELOT LN LOS ANGELES, CA 90077	09/23/15	6,000.
JASON COHEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/06/15	5,900.
FRED ROSENFELT	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/12/15	5,650.
ALAN SCHNEIDER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/11/15	5,550.

TOWER CANCER RESEARCH FOUNDATION95-4596354

SYDNEY T. LEVENSON M.D. FOUNDATION	10560 WILSHIRE BLVD APT 402 LOS ANGELES, CA 90024	11/03/15	5,500.
RHONDA PAPELL	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/06/15	5,450.
RODGER BERMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/09/15	5,400.
ROBERT DECKER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/16/15	5,300.
SHERI TUCHMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/12/15	5,285.
TRAUB-BRITTAN FAMILY FOUNDATION	PO BOX 1345 BEVERLY HILLS, CA 90213	04/17/15	5,250.
FOUR SEASONS RESORT	72-100 KAUPULEHU DR. KAILUA-KONA, HI 96740	04/20/15	5,200.
BRAD SHAMES	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/16/15	5,150.
STEWART KRAKOVER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/30/15	5,100.
EARL KLUFT	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/05/15	5,100.
JEANNE ROBINSON	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/08/15	5,100.
JEREMY WENOKUR	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/12/15	5,050.
LELAND GREEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/14/15	5,000.
1ST CENTURY BANK	1875 CENTURY PARK E STE 1400 LOS ANGELES, CA 90067	04/16/15	5,000.
ALAN ZAENTZ	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/04/15	5,000.

TOWER CANCER RESEARCH FOUNDATION95-4596354

ALEC GORES	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/03/15	5,000.
ALLISON FOSS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/06/15	5,000.
AMANDA BROWN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/07/15	5,000.
ANDREW RAINES	1554 N BEVERLY DR BEVERLY HILLS, CA 90210	12/10/15	5,000.
ASTRAZENECA PHARMACEUTICALS LP	4685 ORION AVE APT 18 SHERMAN OAKS, CA 91403	05/26/15	5,000.
BANK OF THE WEST	300 S GRAND AVE FL 6TH LOS ANGELES, CA 90071	05/14/15	5,000.
BENTLEY MILLS	14641 DON JULIAN RD CITY INDUSTRY, CA 91746	08/04/15	5,000.
BEVERLY GREEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/16/15	5,000.
BRETT ERSOFF	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/16/15	5,000.
CHASE CENTERS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/09/15	5,000.
DANIEL SCHINDLER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/08/15	5,000.
DICK WOLF	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/28/15	5,000.
DONALD KARR	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	11/24/15	5,000.
DORIS GOLDEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/21/15	5,000.
ELLIOT FEUERSTEIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/08/15	5,000.



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ERIC SILVERMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/08/15	5,000.
FIRST PROPERTY REALTY CORPORATION	350 S BEVERLY DR STE 340 BEVERLY HILLS, CA 90212	08/05/15	5,000.
FORMUZIS, PICKERSGILL, AND HUNT	1851 E 1ST ST STE 1160 SANTA ANA, CA 92705	06/02/15	5,000.
FRANK SHELLOCK	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/16/15	5,000.
GENERAL ANESTHESIA SPECIALISTS PARTNERSHIP MEDICAL GROUP	3530 WILSHIRE BLVD. #350 LOS ANGELES, CA 90010	04/23/15	5,000.
JAMI HEIDEGGER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/27/15	5,000.
JASON WALLACE	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/05/15	5,000.
JOHN COLEMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/16/15	5,000.
JOSEPH & RUTH E. STERN FOUNDATION	3400 S OCEAN BLVD TOWER 1 PALM BEACH, FL 33480	07/27/15	5,000.
JUDITH ARGUMEN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/29/15	5,000.
KENNETH ADASHEK	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/22/15	5,000.
LADY'S SECRET FOUNDATION	10430 WILSHIRE BLVD. #1804 LOS ANGELES, CA 90024	09/21/15	5,000.
LESLYE STRINGFELLOW	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/21/15	5,000.
MARC SELTZER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	03/05/15	5,000.

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MARJAN GEILA	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	10/23/15	5,000.
MARK ALHERMIZI	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/03/15	5,000.
MARK LEETS	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	08/18/15	5,000.
MARTIN SALVIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	04/20/15	5,000.
MENDELSON FOUNDATION	440 N BARRINGTON AVE LOS ANGELES, CA 90049	12/01/15	5,000.
MILLENNIUM PHARMACEUTICALS, INC.	40 LANDSDOWNE ST CAMBRIDGE, MA 02139	04/21/15	5,000.
MILTON FLORMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/14/15	5,000.
MILTON KLORMAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/14/15	5,000.
MONIQUE BLUM	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	07/16/15	5,000.
NORCHEM CORPORATION	5649 ALHAMBRA AVE LOS ANGELES, CA 90032	10/05/15	5,000.
NORTHERN TRUST	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/07/15	5,000.
PHILIP SLOAN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	12/08/15	5,000.
ROBERT ANTIN	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/23/15	5,000.
RUBEN MELAMED	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	05/20/15	5,000.
SHAPELL GUERIN FAMILY FOUNDATION	8383 WILSHIRE BLVD STE 724 BEVERLY HILLS, CA 90211	03/05/15	5,000.

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SIDNEY GITTLER	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	06/18/15	5,000.
SIDNEY STERN MEMORIAL TRUST	PO BOX 457 PACIFIC PALISADES, CA 90272	11/05/15	5,000.
STEPHEN BAY	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	01/07/15	5,000.
STRAUSS FOUNDATION TD	ONE WEST FOURTH STREET, 2ND FLOOR WINSTON-SALEM, NC 27101	12/09/15	5,000.
SULLIVAN CURTIS MONROE	1920 MAIN ST., SUITE 600 IRVINE, CA 92614	09/23/15	5,000.
TANNER MAINSTAIN GLYNN & JOHNSON	10866 WILSHIRE BLVD., 10TH FL LOS ANGELES, CA 90024	05/26/15	5,000.
THE JOSEPH F. WALSH AND MARJORIE WALSH FOUNDATION	5900 WILSHIRE BLVD., STE. 2300 LOS ANGELES, CA 90036	07/29/15	5,000.
THE KATZ FAMILY FOUNDATION	9229 W SUNSET BLVD STE 850 LOS ANGELES, CA 90069	09/23/15	5,000.
THE MARILYN AND JEFFREY KATZENBERG FOUNDATION	11400 W. OLYMPIC BLVD. #550 LOS ANGELES, CA 90064	04/20/15	5,000.
THE SMITH FAMILY TRUST	PO BOX 266 NORTH GARDEN, VA 22959	12/18/15	5,000.
THE WAGNER FAMILY FAFOUNDATION	300 PARK AVE FL 20TH NEW YORK, NY 10022	05/26/15	5,000.
THOMAS FORD	8767 WILSHIRE BLVD., SUITE 401 BEVERLY HILLS, CA 90211	09/23/15	5,000.
TRAVERS REALTY	550 S HOPE ST, STE 2600 LOS ANGELES, CA 90071	06/29/15	5,000.
UCLA JONSSON COMPREHENSIVE CANCER CENTER	8-684 FACTOR BUILDING LOS ANGELES, CA 90095	07/21/15	5,000.

TOWER CANCER RESEARCH FOUNDATION

95-4596354

WHITE MEMORIAL MEDICAL CENTER	1720 CESAR E. CHAVEZ AVE. LOS ANGELES, CA 90033	07/09/15	5,000.
WME ENTERTAINMENT	9601 WILSHIRE BLVD FL 3RD BEVERLY HILLS, CA 90210	04/22/15	5,000.
TOTAL INCLUDED ON LINE 3			<u><u>2,645,920.</u></u>

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FORM 199	OTHER INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
RESEARCH STUDIES	113,682.
TOTAL TO FORM 199, PART II, LINE 7	<u><u>113,682.</u></u>

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 3

## ACTIVITY CLASSIFICATION: RESEARCH GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UCLA	10833 LE CONTE AVENUE - LOS ANGELES, CA 90098	NONE	800,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CANCER SUPPORT COMMUNITY	1990 SOUTH BUNDY DR. #100 - LOS ANGELES, CA 90025	NONE	15,625.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
USC, KECK SCHOOL OF MEDICINE	1975 ZONAL AVE. - LOS ANGELES, CA 90033	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD., SUITE 2416 - LOS ANGELES, CA 90048	NONE	1,691,500.

TOTAL FOR THIS ACTIVITY			2,532,125.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9

2,532,125.

FORM 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
NANCY MISHKIN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	CHAIRMAN OF THE BOARD 2.00	0.
SOLOMON I. HAMBURG, MD, PHD 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	PRESIDENT 5.00	0.
DAVID RUDERMAN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	TREASURER 2.00	0.
ELIZABETH DRUCKER 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	SECRETARY 2.00	0.
FRED ROSENFELT, MD 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	VP SCIENTIFIC AFFAIRS 5.00	0.
HILTON CHODOROW 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
BARBARA FEDERMAN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
RANDY KATZ 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
ALAN D. LEVY 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
SALLY MAGARAM 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
DAVID BERMAN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.

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KAREN ROSENFELT BLANCATO 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
ROBERT DECKER, MD 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
BETH GOREN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
BRINDELL GOTTLIEB 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
BETTY HAAGEN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
DR. SUSAN KREVOY 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
ROBERT LAKIN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
PHILOMENA MCANDREW, MD 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
ANDREW RAINES 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
LARRY ROSENSTEIN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
SAUL ROSENZWEIG 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
SHELLEY WARSAVSKY 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	MAGNOLIA COUNCIL CHAIRMAN 2.00	0.

TOWER CANCER RESEARCH FOUNDATION

95-4596354

DAYLE ZUKOR 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
ABBY LEVY 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
JEANNE SCHNITZER MARKS 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
DONNA ROSEN 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
BARRY ROSENBLOOM, MD 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
LINDA LEVENSON DELSACK 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
SHERIE SCHNEIDER 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
DAVID SCHWARTZ 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	BOARD MEMBER 2.00	0.
LINDA DAVID 8767 WILSHIRE BLVD., NO. 401 BEVERLY HILLS, CA 90211	EXECUTIVE DIRECTOR 40.00	181,389.

TOTAL TO FORM 199, PART II, LINE 11

181,389.



## FORM 199

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	AMOUNT
OUTREACH PROGRAMS	588,277.
BANKING AND INVESTMENT	49,028.
OUTSIDE SERVICES	30,813.
PRINTING AND POSTAGE	19,240.
DIRECT EXPENSES OF FUNDRAISING EVENTS	643,929.
OTHER EMPLOYEE BENEFITS	80,465.
LEGAL FEES	38,417.
ACCOUNTING FEES	25,000.
OTHER PROFESSIONAL FEES	10,365.
ADVERTISING AND PROMOTION	40,721.
OFFICE EXPENSES	39,006.
INFORMATION TECHNOLOGY	60,246.
TRAVEL	26,100.
INSURANCE	65,576.
ALL OTHER EXPENSES	47,563.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,764,746.</u>

## FORM 199

## OTHER INVESTMENTS

## STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	3,573,658.	2,994,726.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>3,573,658.</u>	<u>2,994,726.</u>

## FORM 199

## OTHER ASSETS

## STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	535,115.	275,000.
PREPAID EXPENSES AND DEFERRED CHARGES	45,410.	223,359.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	<u>580,525.</u>	<u>498,359.</u>

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FORM 199

OTHER LIABILITIES

STATEMENT 8

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DESCRIPTION

BEG. OF YEAR

END OF YEAR

PLEDGES PAYABLE

800,000.

2,141,000.

TOTAL TO FORM 199, SCHEDULE L, LINE 18

800,000.

2,141,000.

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TAXABLE YEAR  
**2015**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>TOWER CANCER RESEARCH FOUNDATION</b>	<b>95-4596354</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <u>4,052,025.00</u>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <u>4,052,025.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <u>5,032,637.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2015**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)



<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**


  
Signature of officer
   

  
Date


  
Title
   
**EXECUTIVE DIRECTOR**

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> ERO's signature	<b>TAYIIKA M. DENNIS</b>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>NSBN LLP</b>				FEIN <b>95-2399533</b>
	<b>1925 CENTURY PARK E FL 16</b>				ZIP code <b>90067</b>
	<b>LOS ANGELES, CA</b>				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> Paid preparer's signature	<b>TAYIIKA M. DENNIS</b>	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>NSBN LLP</b>	<b>05/09/16</b>		<b>P01575149</b>
	<b>1925 CENTURY PARK E FL 16</b>			FEIN <b>95-2399533</b>
	<b>LOS ANGELES, CA</b>			ZIP code <b>90067</b>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>110672</u>  <b>TOWER CANCER RESEARCH FOUNDATION</b> <small>Name of Organization</small>  <u>8767 WILSHIRE BLVD., NO. 401</u> <small>Address (Number and Street)</small>  <u>BEVERLY HILLS, CA 90211</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input checked="" type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1975859</u>  Federal Employer I.D. No. <u>95-4596354</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015 ) list:  
 Gross annual revenue \$ 3,408,096. Total assets \$ 4,818,920.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 310-285-7242

Organization's e-mail address INFO@TOWERCANCERFOUNDATION.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

LINDA DAVID
EXECUTIVE DIRECTOR

Signature of authorized officer
Printed Name
Title
Date