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Department of the Treasury Internal Revenue Service

# 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.

OMB No 1545-0047 Open to Public Inspection

A	For th	e 2015 calendar year, or tax year beginning M	IAY 1, 2015 and	ending A	PR 30, 2	016	
В	Check if applicab	C Name of organization			D Employer i	dentification	on number
	Addre	9   NOMOR TO FIGHT THE TUM	OR FOUNDATION,	IN			
	□ Name □ chanç □ Initial	Doing business as				6-314	3612
F	return Final return	Number and street (OF P.O. DOX II MAII IS NOT OR  16404 FACT F PIDGE DPIV		Room/suite	E Telephone i		4-6178
	term:: ated	City or town, state or province, country, and			G Gross receipts		433,072.
	Amen return	MINNETONKA, IM 33345			H(a) Is this a g	roup return	
L_	ltion pendi	I F Name and address of principal officer			for subore		Yes X No
$\overline{}$		rempt status X 501(c)(3) 501(c)(		or 527	H(b) Are all subor		d? Yes No (see instructions)
	Websi		(macrino.) ( 4347(a)(1)	01 327	H(c) Group ex		•
			ssociation Other	L Year			te of legal domicile: MN
	art I	Summary					
Revenue Activities & Governance)	1	Briefly describe the organization's mission or most PATIENT CARE FOR THOSE AF	t significant activities PROV FECTED BY BRAIN	IDE FU TUMOR	NDING FO	R RES	EARCH AND
rua Fua	2	Check this box If the organization disco	ntinued its operations or dispos	sed of more	than 25% of its	net assets	
<u>~</u> 0	3	Number of voting members of the governing body	(Part VI, line 1a)			3	10
- W	4	Number of independent voting members of the go	<del>-</del>			4	10
ies	5	Total number of individuals employed in calendar				5	0
Ĩ.	6	Total number of volunteers (estimate if necessary)				6	50 0.
¥ S		Total unrelated business revenue from Part VIII, co	• •			7a	0.
<u> </u>	B	Net unrelated business taxable income from Form	990-1, line 34		Prior Year	7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)			10,1	00.	29,835.
ت ت	9	Program service revenue (Part VIII, line 2g)	RECEIVE		<del></del>	0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4	, and (d)			0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 198 and 11e)	, <b>8</b> 1	144,3		283,376.
	12	Total revenue - add lines 8 through 11 (must equa	Part VILL column (A), 4ne 12)	1/ 02	154,4		313,211.
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1(3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (				0.	0.
Expenses		Salaries, other compensation, employee benefits (		-		0.	0.
pen	1	Professional fundraising fees (Part IX, column (A), Total fundraising expenses (Part IX, column (D), lin	· .	o.  -		<del>- '   -</del>	
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>	16,1	57.	388,109.
	1	Total expenses Add lines 13-17 (must equal Part I	· · · · · · · · · · · · · · · · · · ·	<u> </u>	16,1		388,109.
	1	Revenue less expenses Subtract line 18 from line	,		138,2		-74,898.
Ses Ses				Ве	ginning of Curren		End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)			170,6		98,348.
et As	21	Total liabilities (Part X, line 26)		<u> </u>	22,4		25,050.
		Net assets or fund balances Subtract line 21 from Signature Block	line 20		148,1	96.	73,298.
	art II	alties of perjury, I declare that I have examined this return,	including accompanying schedulor	e and etatem	ents and to the he	et of my kno	wledge and helief it is
	•	ct, and complete. Declaration of preparer (other than office			=	•	wieuge and beller, it is
	, 001:00		- Jacobs on an information of the	norr propuror	3/19	117	
Sig	n	Signature of officer			Date	<del></del>	
Her		FRIC A. GIDLOW	MEASURER				
_		Type or print name and title	r		Date To		DYIN
Da:		Print/Type preparer's name	Preparer's signature	'	Jale (	heck	PTIN
Paid	parer	Firm's name	<u> </u>			elf-employed [	<del></del>
	Only	Firm's name Firm's address			Firm's I	-101	
	,				Phone	no.	
May	the II	I RS discuss this return with the preparer shown abo	ove? (see instructions)				Yes No
	01 12-1			ons.			Form <b>990</b> (2015)

	990 (2015) HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page	<u>2</u>
Pa	t 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	
	HUMOR TO FIGHT THE TUMOR (HTFT) IS DEDICATED TO FUNDING RESEARCH AND	
	PATIENT SERVICES THAT WILL IMPROVE THE LIVES OF BRAIN TUMOR PATIENTS.	_
	WE DO THIS BY RAISING AWARENESS, PROVIDING SUPPORT AND ENCOURAGEMENT,	_
	AND OFFERING UPLIFTING EVENTS TAHT WILL PROVIDE A SENSE OF COMMUNITY	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	)
	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?	)
	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		_
43	(Code) (Expenses \$	, }
		_
	MINNESOTA. SUPPORTING BRAIN TUMOR RESEARCH AT THE MAYO CLINIC.	_
	SUPPORTING ONGOING RESEARCH IN ASSOCAITION WITH THE AMERICAN BRAIN	_
	TUMOR ASSOCIATION.	
		_
		_
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		_
		_
4b	(Code) (Expenses \$) (Revenue \$)	, )
		_
		_
		_
		_
		_
		—
		_
		_
		_
		_
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		-
		_
		_
		_
		_
		_
		_
		_
		_
		_
An	Other program convers (Describe in Schodule O.)	_
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e_	Total program service expenses	_
	Form <b>990</b> (201	5)

Form 990 (2015) HUMOR TO FIG Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	<u>1</u>	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	· '		
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	m -		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		_x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
		-	agn /	

			res	i No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
<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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			i
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"			
~~	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	Instructions for applicable filing thresholds, conditions, and exceptions)			-
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		7	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		_	വവ വ	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable		100	- <del></del>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 '		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			1
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ſ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Γ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		χ̈́
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Γ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ĺ		
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			<b></b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b></b> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		<b>_</b>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b> </b>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	<b> </b>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	] -	-	-
	sponsoring organization have excess business holdings at any time during the year?	8		<b></b>
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\vdash$
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter	1 !		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1 1		
	amounts due or received from them)			ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	]		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	/2016)

Form 990 (20	1151

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Form 990 (2015) HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page
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 Schodule Q. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	J See I	nstructions			
_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<del>.</del>	L 0		
	If there are material differences in voting rights among members of the governing body, or if the governing			i	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	and the state of t	1b		LO	l l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or		1	
	more members of the governing body?			7a		X
b	, o	stockho	lders, or			
	persons other than the governing body?			7b	4	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:		L	-
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	t the			
Coo	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code)			_
40					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	<del>\</del>	Х
Ð	If "Yes," did the organization have written policies and procedures governing the activities of such of such that the second have been as a second to the second have a second to the second have been as a second to the second t	hapters	, affiliates,			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?			10t	<del> </del>	-
_	Has the organization provided a complete copy of this Form 990 to all members of its governing both	iy betoi	e filing the form?	112	X	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				X	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	n to conf	toto?	128	1	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			12b	+ ^	-
·	in Schedule O how this was done	res, de	scribe	40.	x	
13	Did the organization have a written whistleblower policy?			120	-	х
14	Did the organization have a written document retention and destruction policy?			13 14	<del>  x</del>	
15	Did the process for determining compensation of the following persons include a review and approve	al by m	dependent	14	+	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	rependent			
а	The organization's CEO, Executive Director, or top management official			15a	X	۰ '
	Other officers or key employees of the organization			15b	7-	<del> </del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				<del> </del>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	th a			'
	taxable entity during the year?			16a	-	X
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation	1.00	1	<del></del>
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					'
	exempt status with respect to such arrangements?		. •	16b		
Sec	tion C. Disclosure				<del></del>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section	on 501(c)(3)s only	/) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply	, - 3**	√- <i>/</i> √- <i>/</i> ,	.,		
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			ınd fına	ncıal	
	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 bo	oks and	d records ▶			

Form	aan	(2015)

## HUMOR TO FIGHT THE TUMOR FOUNDATION, IN

46-3143612

Page 7

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 organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	опе	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	$\vdash$	Г		П	Π	T –	from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	ee or	Stee			usate		(W-2/1099-MISC)	(** ** *** ***	organization
	organizations	l trus	nal tru		oyee	omp.				and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	<u>=</u>	II.	Æ	<u>ş</u>	돌	휸			
(1) JOELLE SYVERSON	5.00	Į.,	ļ		l	ļ			0.	
PRESIDENT (2) KRISTEN THURBER	1.00	X		Х	_	⊢	-	0.		0.
• •	1.00	x		x				0.	o .	0.
VICE PRESIDENT (3) TRACY KING	2.00	┢		^	$\vdash$		<u> </u>	<u> </u>	U •	<u> </u>
SECRETARY	2.00	X		x				0.	0.	0.
(4) ERIC GIDLOW	1.00	^		1	⊢	⊢		· · ·		
TREASURER	1.00	$\mathbf{x}$		х				0.	0.	0.
(5) KRISTIN GABRIEL	2.00	1		-		+	-			
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0.
(6) LISA GIDLOW	2.00	<del> </del>	H	-	$\vdash$	H	├─			
DIRECTOR		x		Ī	Ì			0.	0.	0.
(7) KRISTIN GRAY	2.00		<u> </u>			<u> </u>				
DIRECTOR		X						0.	0.	0.
(8) KARI KILBRIDE	2.00					$\Box$		-		
DIRECTOR		X			L.	ļ		0.	0.	0.
(9) MATTHEW THURBER	3.00							!		
DIRECTOR		X						0.	0.	0.
(10) CHRISSIE WEISS	2.00									
DIRECTOR		Х	<u>L.</u>			L		0.	0.	0.
		1				İ				
		<u> </u>				<u> </u>		<del></del>		
		1								
		}	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<del></del>		
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	<del> </del>	1			ŀ					
	<del></del>	<del> </del> —	H	$\vdash$	-	<del>-</del>	-			
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	-	$\vdash$	$\vdash$	$\vdash$		1	_			
		ł			Ī					

									UNDATION, IN		143	612	Р	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	' (A)	(B)	ľ		(0	C)			(D)	(E)			(F)	
	<ul> <li>Name and title</li> </ul>	Average hours per			Pos:	more	than		Reportable	Reportable			timate	
		week			ess pe nd a d				compensation from	compensatio from related			other	
		(list any	į						the	organizations			pensa	
		hours for	Individual trustee or director	ا			led		organization	(W-2/1099-MIS			om th	
		related organizations	nstee (	truste		يه ا	Suad		(W-2/1099-MISC)			_	anızat	
		below	Jual tr	Institutional trustee		ay old	st corr yee	_ [					i relat ınızatı	
		line)	ludivíc	Institu	Officer	Key employee	Highest compensate employee	Fg.				o,g.	,,,	0.10
				L										
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			⊢	$\vdash$	Н		$\vdash$	$\vdash$			$\longrightarrow$			
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	. = 1011 0007		$\vdash$		Н		H		· · · · · · · · · · · · · · · · · · ·		$\dashv$			
1b	Sub-total							<u> </u>	0.		0.			0.
С	Total from continuation sheets to Part Vi	I, Section A					ĺ	<b>•</b>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	l	0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100	0,000 of reportabl	е			
	compensation from the organization						_							0
_	Dod the comment of both or former of										r		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•	istee	е, ке	ey en	npio	yee,	or I	highest compensated e	mployee on		-	x	
4	For any individual listed on line 1a, is the su		e cc	mn	onea	tion	and	l oth	her compensation from	the organization	-	3		<del> </del>
•	and related organizations greater than \$150	•							•	the organization		4		х
5	Did any person listed on line 1a receive or a	•								idual for services	ŀ		$\neg$	
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch p	oe <i>r</i> s	on					5		Х
Sec	ion B. Independent Contractors								· ·					
1	Complete this table for your five highest co										pensa	ation fr	om	
	the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith c	or w	ıthın		year				
	(A) Name and business	address	NC	NE	₹.			ļ	(B) Description of s	services	C	(C ompen		n
				/111				十						
								- 1						
-								$\dashv$						
														_
								$\dashv$	<del></del>					
								$\dashv$						
2	Total number of independent contractors (ii	noluding but n	ot lır	nıte	d to	thos	se lis	ted:	above) who received n	nore than				
	\$100,000 of compensation from the organiz					C					_			
												Earm C	200 (	2015)

		Check if Schedule O cont		or note to any li	ne in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a					
Gra	1	<b>b</b> Membership dues	1b					
ts, An	,	c Fundraising events	1c		]			
를 를		d Related organizations	1d					
ins,	•	<ul> <li>Government grants (contribut</li> </ul>						
er S	1	<ul> <li>All other contributions, gifts, gran</li> </ul>	ts, and					
듗뙆		similar amounts not included abo	ve [1f]	29,835.				
E D		g Noncash contributions included in lines	1a-1f \$					
<u>ā č</u>		h Total. Add lines 1a-1f		<u> </u>	29,835.			
			-	Business Code		-		
je J	2 :	<del></del>						<u> </u>
le è		b						
E		·						
Pag Re B		d						
Program Service Revenue	•	All other program service reve	<del></del> _	<del></del>				
		Total. Add lines 2a-2f	nue <u>L</u>					-
	3	Investment income (including	dividends interes					
	_	other similar amounts)	a.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., unu				
	4	Income from investment of tax	k-exempt bond pre	oceeds				
	5	Royalties		<b>•</b>				<del> </del>
		·	(i) Real	(ii) Personal				-
	6 a	Gross rents						
	t	Less rental expenses						
	c	Rental income or (loss)						
	c	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
ı	t	Less cost or other basis						1
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)	_					<u> </u>
enne	8 a	Gross income from fundraising	·			ļ		
		including \$	of					
Other Rev		contributions reported on line	1c) See	03,237.				
je		Part IV, line 18	a   4 .   1	19,861.				
ŏ		<ul> <li>Less direct expenses</li> <li>Net income or (loss) from fund</li> </ul>	<u> </u>	19,001.	283,376.			283,376.
- 1		Gross income from gaming ac	-		203,370.			203,370.
- 1	o d	Part IV, line 19	tivities See					
	h	Less direct expenses	g -					
-		: Net income or (loss) from gam			-			
		Gross sales of inventory, less	_					<del> </del>
		and allowances	a					!
	b	Less cost of goods sold	ь́Г					
		: Net income or (loss) from sales	s of inventory	<b></b>				
		Miscellaneous Revenue		usiness Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		▶	243 511			
$\bot$	12	Total revenue See instructions.		<u> </u>	313,211.	0.	0.	283,376.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) Management Legal b Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 54 54 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 430. 430 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 357,000. 357,000. RESEARCH GRANTS FUND A CAUSE GRANTS 25,000. 25,000 5,625. WEBSITE DESIGN 5,625. d e All other expenses 388,109. 382,000. 6,109. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
	`		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	157,846.	1	84,856
i	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
- 1		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und	ler		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2000		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
:	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
-		basis Complete Part VI of Schedule D 10a			
- 1	b	Less accumulated depreciation 10b		10c	
- 1	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
- {	13	Investments - program-related See Part IV, line 11		13	,
- 1	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11	12,800.	15	13,492
┙	16	Total assets. Add lines 1 through 15 (must equal line 34)	170,646.	16	98,348
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
-	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X of			
-		Schedule D	22,450.	25	25,050
4	26	Total liabilities. Add lines 17 through 25	22,450.	26	25,050
		Organizations that follow SFAS 117 (ASC 958), check here ▶ an	d		
		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets		27	
-	28	Temporarily restricted net assets		28	-
	29	Permanently restricted net assets	<u> </u>	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here	J		
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0.	30	0
- [ -	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
- 1	32	Retained earnings, endowment, accumulated income, or other funds	148,196.	32	73,298
- [	33	Total net assets or fund balances	148,196.	33	73,298
- [ :	34	Total liabilities and net assets/fund balances	170,646.	34	98,348

Forn	990 (2015) HUMOR TO FIGHT THE TUMOR FOUNDATION, IN	46-	3143612	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•		-	-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31	3,2	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,1	
3	Revenue less expenses Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148	8,1	96.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7.	3,2	<u>98.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1		ļ
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				ز سيــــ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	i i		
	consolidated basis, or both		l i	1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ليب
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	1 1		ز
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	99O /	2015)

# SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number HUMOR TO FIGHT THE TUMOR FOUNDATION, 46-3143612 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  $\mathbf{X}$ 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). 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 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 q Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your organization (described on lines 19 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page 2

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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2015

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

# Schedule A (Form 990 or 990 EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page 3 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)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		İ				
	include any "unusual grants ")				<u></u>	<u>                                      </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in	ļ	ŀ	1	l	1	
	any activity that is related to the organization's tax-exempt purpose			ļ			
3	Gross receipts from activities that				<del>                                     </del>		<del></del>
•	are not an unrelated trade or bus-		ļ	1		<u> </u>	
	iness under section 513		1	[	1	<b> </b>	
4	Tax revenues levied for the organ-	<del></del>	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>
4	ization's benefit and either paid to		ļ		}	1	
	or expended on its behalf			1	1		
_	·				<del> </del>	<del> </del>	<del>                                     </del>
5	The value of services or facilities				1	1	
	furnished by a governmental unit to	1			1		
_	the organization without charge			<b></b>	<del> </del>	<del> </del>	<del> </del>
	Total. Add lines 1 through 5	<del>-</del>	<del></del>	<u> </u>	<del> </del>	<del> </del>	<del></del>
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<del> </del>	<del> </del>	<u> </u>
t	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the					] i	
	amount on line 13 for the year	ļi		<b></b>	<b></b>	<del></del>	<del> </del>
	Add lines 7a and 7b				ļ		<u> </u>
	Public support- (Subtract line 7c from line 6)				<u>L.                                    </u>	<u></u>	0.
_	ction B. Total Support		<del></del>				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				<b></b>	<u> </u>	
10a	Gross income from interest,	1					
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				l		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	'			<b>\</b>	•	
	regularly carried on				1		
12	Other income Do not include gain						
	or loss from the sale of capital	1			}	}	
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)			-			0.
	First five years. If the Form 990 is for	the organization's	first, second, third	d. fourth, or fifth to	ax vear as a section	n 501(c)(3) organiz	
	check this box and stop here			-1::-	,	. 5 (-)(0) 34 112	▶□
Sec	ction C. Computation of Publi	ic Support Pe	rcentage		<del></del>		
	Public support percentage for 2015 (I			olumn (fl)		15	.00 %
	Public support percentage from 2014		•			16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (f)		17	.00 %
	investment income percentage from 2	•	•	.c 10, column (i))		18	<del></del>
	33 1/3% support tests - 2015. If the			on line 14 and line	15 is more than 3		
158	more than 33 1/3%, check this box ar	-					L/ 13 HOL
			-				and .
C	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che	~			•		
00					· · · · ·	_	
∠∪	Private foundation. If the organization	TOTAL TIOL CITIECK A	DOX OF HITE 14, 198	a, or 190, CNECK th	ns box and see in:	511UUUONS	<b>▶</b> 🕰

#### Schedule A (Form 990 or 990-EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page 4 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)			_
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	l		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1 -1		_
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del></del>		
•	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination			
_		3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		-
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	1		
	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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	{		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		-
h	Did the organization have any expect business heldings in the tay year? It is a Schedule C. Form 4720, to			

determine whether the organization had excess business holdings)

Sch	edule A (Form 990 or 990-EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-31	4361	2 P	age 5
Ра	rt IV   Supporting Organizations (continued)			
44	Lies the expensation expensed a mit or contribution to an arm of the fallowing a second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
a	below, the governing body of a supported organization?	110		-
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI.	11c		<del>                                     </del>
	etion B. Type I Supporting Organizations	1	1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		İ	
	controlled the organization's activities. If the organization had more than one supported organization,	İ		:
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		_	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	ļ,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization	2		<u> </u>
000	nion of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	r	res	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			;
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		]
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			į
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			:
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		-
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		
	how the organization was responsive to those supported organizations, and how the organization determined	-		
_	that these activities constituted substantially all of its activities.	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	OL.		- `
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			·
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	edule A (Form 990 or 990 EZ) 2015 HUMOR TO FIGHT THE TUMO	R FO	UNDATION, IN 4	6-3143612 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 See instru	ictions. All
	<ul> <li>other Type III non-functionally integrated supporting organizations must co</li> </ul>	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
-6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_ <sub>5</sub> _	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting orga	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3<sub>j</sub> and 4c 8 Breakdown of line 7 а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990 EZ) 2015 HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D lines 2 and 3 Part IV Section E lines 1c 2a 2b. 3a and 3b. Part V. line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(See instructions )
_	

## **SCHEDULE D**

(Form 990)

532051 11-02-15

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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name	e of the organization	min(OD	HOIDIDAGTON	T.).T	Employer identification number
T	HUMOR TO FIGHT THE				46-3143612
Par	<del></del>		or Other Similar Fu	nas or A	CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	~	<del></del>	т ,	
	_	(a) U	onor advised funds		b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)	<u> </u>			<del></del>
3	Aggregate value of grants from (during year)	·			
4	Aggregate value at end of year	L			
5	Did the organization inform all donors and donor advisors in	_		dvised fun	
_	are the organization's property, subject to the organization's	_			└ Yes
6	Did the organization inform all grantees, donors, and donor a		-		•
	for charitable purposes and not for the benefit of the donor	or donor advi	sor, or for any other purp	ose confer	· — —
Par	impermissible private benefit?			20. D- 4 N/	Yes No
				90, Part IV,	line /
1	Purpose(s) of conservation easements held by the organizat	•			
	Preservation of land for public use (e.g., recreation or e	education)		_	important land area
	Protection of natural habitat		Preservation of a	certified ni	storic structure
•	Preservation of open space			<b>f</b>	
2	Complete lines 2a through 2d if the organization held a quali	ilea conserva	ition contribution in the t	orm or a co	Held at the End of the Tax Year
_	day of the tax year Total number of conservation easements				<del></del>
	Total acreage restricted by conservation easements				2a
	Number of conservation easements on a certified historic str	austura incluid	lad in (a)		2b 2c
	Number of conservation easements included in (c) acquired		` '	aunturo.	20
u	listed in the National Register	aitei 6/17/00	, and not on a mistoric st	ucture	2d
3	Number of conservation easements modified, transferred, re	lessed extin	guiched or terminated by	, the organ	
	year	icascu, extiri	guisileu, or terminateu b	y trie organ	ization during the tax
4	Number of states where property subject to conservation ea	sement is loc	ated >		
	Does the organization have a written policy regarding the pe				
•	violations, and enforcement of the conservation easements i		ing, mopodaon, nanding	, 01	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		violations, and enforcing	conservation	
	<b>&gt;</b>	J	· ·····		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violati	ons, and enforcing cons	ervation ea	sements during the year
	<b>▶</b> \$				•
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section	170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?				└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati	on easement	s in its revenue and expe	ense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that descri	oes the org	anization's accounting for
	conservation easements		<del></del>		
Par				r Otner	Similar Assets.
	Complete if the organization answered "Yes" on Form				
	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext			nerance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri				
	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or r	esearch in furtherance o	r public sei	vice, provide the following amounts
	relating to these items				<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1				<b>S</b>
	(iii) Assets included in Form 990, Part X	00Uros 041	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	<b>&gt;</b> 5
	If the organization received or held works of art, historical tre			nciai gain,	provide
	the following amounts required to be reported under SFAS 1	10 (A2C 928)	relating to these items		▶ ¢
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				<b>\$</b>
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	an		Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 HUMOR T	O FIGHT	THE TU	MOR F	OUNDATIO	N, IN	1 46	<u>-31</u>	43612	Page 2
Pa	rt III Organizations Maintaining C	Collections	of Art, His	storical 1	reasures, or	Other	Similar A	Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other r	ecords, che	ck any of th	e following that	are a sign	ificant use	of its	collection it	ems
	(check all that apply)									
а	Public exhibition		d 🗀	Loan or ex	change progran	ns				
b	Scholarly research		е 🗀	Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and e	explain how	they further	the organization	n's exemp	t purpose	ın Parl	t XIII	
5	During the year, did the organization solicit of	or receive donat	ions of art, h	nistorical tre	easures, or other	r sımılar as	ssets		_	
	to be sold to raise funds rather than to be m					<u>-</u>			Yes	No
Pai	t IV Escrow and Custodial Arran	i <b>gements.</b> C	omplete if th	e organızat	ion answered "Y	es" on Fo	rm 990, Pa	art IV, I	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	lian or other inte	ermediary fo	r contributi	ons or other ass	ets not inc	cluded			
	on Form 990, Part X?							L	JYes ↓	No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he following	table			· · · · ·			
							$ldsymbol{ld}}}}}}$		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	?	L.	JYes l	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete						<del></del>	1		
		(a) Current ye	ear (b)	Prior year	(c) Two years	back (d)	Three years	back	(e) Four ye	ars back
1a	Beginning of year balance				<b></b>					
b	Contributions				<del></del>	<del></del>				
C	Net investment earnings, gains, and losses					<del></del>				
d	Grants or scholarships	<del></del>			<del> </del>					
е	Other expenditures for facilities		ĺ		Ì	j				
	and programs					<del></del>	<del></del>			
f	Administrative expenses				<del></del> -	<del></del>		$\overline{}$		
g	End of year balance				<u> </u>	<u> </u>	<del></del> -			
2	Provide the estimated percentage of the cur	rent year end b		1g, column	(a)) neid as					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	0/							
С	Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c sho	uld savel 1000/	<u>.</u> %							
20	Are there endowment funds not in the posse	•		at ara bald	and administers	ad for the	oraonizatio			
Sa		ession of the ort	yanızanon in	at are rielu	and aurillinstere	a ioi me	organizatio	,,,,	[ve	s No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								3a(ii)	+
h	If "Yes" on line 3a(ii), are the related organization	ations listed as i	required on 9	Schadula B	22				3b	
4	Describe in Part XIII the intended uses of the								00	
	t VI Land, Buildings, and Equipm		<u> </u>	101100						
L	Complete if the organization answere		n 990. Part I	V. line 11a	See Form 990.	Part X. lin	e 10			
	Description of property	1	t or other	<del></del>	st or other		ımulated	1	(d) Book v	alue
		1 ' '	vestment)	1 ' '	s (other)		ciation		(4,	
1a	Land		<u> </u>							
	Buildings							1		
	Leasehold improvements					·		$\top$		
	Equipment							$\top$	· <u>- </u>	
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990.	Part X, colu	mn (B), line	10c)					0.

Schedule D (Form 990) 2015 Part VII Investments -	HUMOR TO FI	GHT THE TO	JMOR I	OUNDATION	, IN	46-3143612	Page 3
	anization answered "Yes"	on Form 990. Part	IV, line 11b	See Form 990, Pa	rt X, line 12		
(a) Description of security or categ		(b) Book valu				r end-of-year market v	value
(1) Financial derivatives							
(2) Closely-held equity interests				· · · · · · · · · · · · · · · · · · ·			
(3) Other						_ <del>-</del>	
(A)		<u> </u>					
(B)				·			
(C)							
(D)							
(E)							
(G)							
(H)	<del></del>			<del></del>		·	
Total. (Col. (b) must equal Form 990	), Part X, col. (B) line 12.)						
Part VIII Investments -	Program Related.						
Complete if the org	anization answered "Yes"	on Form 990, Part (b) Book valu				r end-of-year market v	roluo.
	investment	(b) Book Valu	-	(C) Metriod of Value	ation Cost of	enu-or-year market	value
<u>(1)</u> (2)		<u> </u>					
(3)							
(4)	<del> </del>						
(5)							
(6)							
(7)							
(8)	···						
(9)	2 2 1 (2) 1				<del></del>		
Total. (Col. (b) must equal Form 990 Part IX Other Assets.	J, Part X, col. (B) line 13.)					<del></del>	
<u></u>	anızatıon answered "Yes"	on Form 990 Part	IV line 11d	See Form 990 Pa	rt X line 15		
Complete if the org	<del></del>	Description	14, 1110 110	2 000 1 01111 000, 1 4	1177, 11110-10	(b) Book va	alue
(1) PRE-PAID POS	TAGE AND OFFI		ES			<del>-  </del>	517.
(2) EVENT DEPOSI	T - VENUE						,000.
(3) EVENT DEPOSI	T - AUCTION P	ROVIDER				2	,975.
(4)							
(5)							
(6)							
(8)						<del></del>	
(9) Total. (Column (b) must equal Fo	orm 000 Port V col (P) In	2.15.)				13	,492.
Part X Other Liabilitie		= 13)					, 424.
	anization answered "Yes"	on Form 990, Part	$\overline{-}$		90, Part X, lin	e 25	
<del></del>	escription of liability	<del></del>	(b)	Book value			
(1) Federal income taxes	DONGOD GUTD DE	DOCTEC	<del> </del> -	25 050			
	PONSORSHIP DE	PUSITS	╁	25,050.			
(3)	<del></del>	<del></del>		<del></del>			
(4) (5)	<del></del>						
(6)			<del>                                     </del>				
(7)	<del></del>		1				
(8)	·						
(9)							
Total. (Column (b) must equal Fo	orm 990, Part X, col (B) lin	e 25)	·	25,050.			
2. Liability for uncertain tax pos				-			
organization's liability for un-	certain tax positions under	FIN 48 (ASC 740)	Check he	re if the text of the fo	ootnote has b	een provided in Part	XIII

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMR No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HUMOR TO FIGHT THE TUMOR FOUNDATION, IN **Employer identification number** 46-3143612

Pa	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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			نــ ــــا
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		<u> </u>
				:
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
		i		
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			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	0 1 1			١
_	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	5a	-	x
	The organization?	5b	<del></del>	$\frac{x}{x}$
a	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III	55		<del>                                     </del>
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1 .
6	contingent on the net earnings of		1	
_	The organization?	6a		χ̈́
	Any related organization?	6b	<u> </u>	X
U	If "Yes" on line 6a or 6b, describe in Part III	<del>                                    </del>		<del></del>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<del>-</del>	l	<del></del> -
J	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
a	·	٣		<del> </del>
3		a		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2015

46-3143612 NI HUMOR TO FIGHT THE TUMOR FOUNDATION,

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2015

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base	(ii) Bonus &	(iii) Other	other deferred compensation	benefits	(D)·())(B)	in column (B) reported as deferred
			compensation	compensation				on prior Form 990
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# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

HUMOR TO FIGHT THE TUMOR FOUNDATION, IN 46-3143612
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND HOPE TO AFFECTED INDIVIUDALS AND FAMILIES. HOPE COMES IN TEH FORM
OF NEW TREATMETNS TO FIGHT THIS DISEASE,; A DISEASE THAT PRODUCES
DEVASTING EFFECTS TO A PERSONS' PHYSICAL AND COGNITIVE ABILITIES
FORM 990, PART VI:
1 - ERIC GIDLOW - TREASURER AND LISA GIDLOW - DIRECTOR ARE HUSBAND AND
WIFE. KRISTEN THURBER - VP AND MATTHEW THURBER ARE HUSBAND AND WIFE.
11. A COPY FO THE FORM 990 WILL BE CIRCULATED TO THE GOVERNING BODY. THE
GOVERNING BODY HAS BEEN PRESENTED THE FINANICAL INFORMATION OF THE
ORGANINZATION ON NUMEROUS OCCASIONS, SPECIFICALLY FOR USE IN DETERMING THE
NUMBER OF RESEARCH GRANTS TO FULFIL AND THE AMOUNTS TO FUND OF EACH
RESEARCH GRATN REQUEST.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION HAS NO PAID EMPLOYEES NOR DOES ANY DIRECTOR, OR OFFICER
RECEIVE ANY COMPENSATION
<del></del>