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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990.

Inspection

Α	For the	2015 calendar year, or tax year beginning <u>MAY 1, 2015</u> and en	nding A	<u>PR 30, 2016</u>				
	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	CONWAY CANCER FOUNDATION						
Ē	Name change	Doing business as		71-0	830247			
	Initial		oom/suite	E Telephone numbe				
	Final return/	2605 COLLEGE AVENUE		501-327-2995				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,745.			
	Amend return	CONWAY, AR 72034		H(a) Is this a group re				
	Applica	F Name and address of principal officer. FIETRO F. DE TOGNI		for subordinates	? Yes X No			
	pendin	2605 COLLEGE AVENUE, CONWAY, AR 72034		H(b) Are all subordinates in	ncluded? Yes No			
		mpt status X 501(c)(3)	527	If "No," attach a	list. (see instructions)			
		E ► WWW.CONWAYCANCERFOUNDATION.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	M State of legal domicile; AR			
P		Summary	OVIEDE	- DDIIGA MI ON	AND GUDDODE			
9	1 1	Briefly describe the organization's mission or most significant activities: TO PRO	OATDE	EDUCATION	AND SUPPORT			
Activities & Governance	-	FOR CANCER PATIENTS AND THEIR FAMILIES		Ab 050/ -f				
Jerr /err	2 (	Check this box I if the organization discontinued its operations or dispose	a or more		12			
Ĝ	3 [	Number of voting members of the governing body (Part VI, line 1a)		3	12			
مر ر	4 !	Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2015 (Part V, line 2a)		<u>4</u> 5	0			
Ţ.	5	otal number of individuals employed in calendar year 2013 (Fait V, line 2a)  [otal number of volunteers (estimate if necessary)	•	6	12			
<u>`</u>	6	Total furnished business revenue from Part VIII, column (C), line 12		7a	0.			
ĕ	[   ' <sub>b</sub> ,	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
-	- B.	tot difference business taxable meetine from each time see 1, iii.e.		Prior Year	Current Year			
1	. 8	Contributions and grants (Part VIII, line 1h)		20,776.	3,850.			
2	9 1	Program service revenue (Part VIII, line 2g)		0.	0.			
: Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,073.	-1,105.			
; ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,849.	2,745.			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,771.	905.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
V.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ž	b '	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.  </u>					
ш	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	10,017.	720.			
<u> </u>	18	Total expenses Add lines 13-17 (must equal Part X column (A), line 25)	ļ	<u>16,788.</u>	1,625.			
<b>-</b>	19	Revenue less expenses. Subtract line 18 from line 12		5,061.	1,120.			
7 o S	일		Be	ginning of Current Year	End of Year			
Ssel	× 1	1	-	31,599.	32,719.			
E L	=1	Total liabilities (Part X, line 26)	-	<u>0.</u>	0.			
		Net assets or fund balances. Subtract line 21 from: line 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		31,599.	32,719.			
<b>,</b>		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ente and to the heet of m	w knowledge and belief it is			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a , and complete Declaration of preparer (other than officer) is based on all information of whic			iy kilowledge alld bellet, it is			
- <u>uu</u>	e, correc	, and complete Declaration of prepare (office than officer) is based on an information of which	on proparci		26-2016			
. e:		Signature of officer		Date	2010			
	gn ere	PIETRO P. DE TOGNI, TREASURER						
п	ere	Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pa	id	LEONARD S. HASSON		P/21/16 If self-employ	P01353202			
	eparer	Firm's name MANN, HASSON & CO., P.A.		Firm's EIN	71-0577422			
	e Only	Firm's address 18 CORPORATE HILL DRIVE, SUITE 2	07					
		LITTLE ROCK, AR 72205	_	Phone no. ( 5	01) 225-1600			
Ma	ay the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			
	2001 12-1		ns.		Form <b>990</b> (2015)			

orm	990 (2015) CONWAY CANCER FOUNDATION 71-0830	<u> 24 / </u>	Page 2
Par	rt 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:		
	THE MISSION OF CONWAY CANCER FOUNDATION IS TO PROVIDE EDUCATION	_ <u>AND</u>	
	SUPPORT FOR CANCER PATIENTS AND THEIR FAMILIES.		
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 e	xpenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp		
	revenue, if any, for each program service reported.	, , , ,	
40	005		
4a	(Code) (Expenses \$	CANC	י קקי
		CAN	<u>,1111                                 </u>
	PATIENTS		
4b	(Code) (Expenses \$) (Revenue \$)		)
	CONDUCTING MEDICAL CONFERENCES AND MEETINGS		
			<del></del>
		-	
4-	/o		
4c	(Code) (Expenses \$) (Revenue \$)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	1 250		
		Form 99	90 (2015)

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Part	IV Checklist of Required Schedules		<del></del>	
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ. <u></u>
	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		
	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			1
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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.		i	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
_	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
	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	111	i	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	i	
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		† <u>* * * * * * * * * * * * * * * * * * *</u>
D	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 Land IV	14h		×

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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15

16

17

18

X

X

X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		ł
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
<b>h</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234	-	
b	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		x
ae.	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	0.00		X
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
_	instructions for applicable filing thresholds, conditions, and exceptions).	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	_^_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
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	1		
	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				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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			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 1	2							
	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 0.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		_X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			:					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6	<u> </u>	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	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 reached at the			,					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1						
а	The organization's CEO, Executive Director, or top management official	15a		X_					
b	Other officers or key employees of the organization	15b	<u> </u>	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1							
	taxable entity during the year?	16a	<u> </u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶AR								
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	avaıla	ole						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	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 books and records.								
	ORGANIZATION - 501-327-2995								
	ORGANIZATION ADDRESS, CONWAY, AR 72034								

		•.
Form 990 (2015) CONWAY CANCER FOUNDATION	71-0830247	Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 yea
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization to the columns (D), (E), and (F) if no compensation was paid.</li> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employees."</li> </ul>	employee."	
• List the organization's five current highest compensated employees (other than an officer, director		

ble 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 organic

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization			r <del>-</del>								
(A)	(B)			_ ((	<b>&gt;</b> )			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	. unle	ss pe	rson	n is both an ctor/trustee)		compensation	compensation	amount of	
	week		ceran	laaa	recit	T	100)	from	from related	other	
	(list any	recto		1				the	organizations	compensation	
	hours for	P	<b>e</b> s			ate		organization	(W-2/1099-MISC)	from the	
	related	rstee	#S		_ <sub>ور</sub>	e de		(W-2/1099-MISC)		organization	
	organizations	펄	ag .		e e	6 S	1			and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations	
(1) KAREN SMITH	2.00	<del>  =</del> -	<u> </u>	0	×	Œ 45					
PRESIDENT		1		Х				0.	0.	0.	
(2) PIETRO P. DE TOGNI, M.D.	2.00										
TREASURER				X	<u> </u>			0.	0.	0.	
(3) PRISCILLA KLOSKY	2.00				ŀ	ĺ					
SECRETARY		<u> </u>	<u> </u>	X				0.	0.	0.	
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	1 990 (2015) CONWAY C									71-08	<u>30</u>	<u> 247</u>	Р	age
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	ompensated Employe	es (continued)	<del></del> -			
	(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	rson I	than is bot	th an	(D) Reportable compensation	(E) Reportable compensation	1		(F) stimate nount	of
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Γ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(	2)	fi org an	other pensarom th panizati d relate	ation ie tion ted
								ļ						
	· · · · · · · · · · · · · · · · · · ·													
			<u> </u>	ļ										
	*									_				
c	Sub-total  Total from continuation sheets to Part V			•				<b>&gt;</b>	0.		0. 0.			0
2	Total (add lines 1b and 1c)  Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bove	e) w	ho r	-					
3	Did the organization list any former officer.	director or tr	uste	e ka	2V &I	mole	vee	or	highest compensated e	mplovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	such individual		•	•	•	•				,	3		х
5	and related organizations greater than \$15  Did any person listed on line 1a receive or	0,000? If "Yes,	, " cc	mpl	ete :	Sche	edul	le J f	for such individual			4		х
	rendered to the organization? If "Yes," conction B. Independent Contractors	· ·				-		roidi				5		х
1	Complete this table for your five highest co	•									ensa	ation 1	rom	
	(A)  Name and business			ON		MICH	<u> </u>	VICI III	(B) Description of s			(Compe	C) nsatio	—— on
				<u> </u>										
						•	_						•	
				-								-		
2	Total number of independent contractors ( \$100,000 of compensation from the organ		not li	ımıte	ed to		se I 0	stec	d above) who received n	nore than				

rai	, VIII				s in this Dort VIII			`
		Check if Schedule O contain	s a response o	r note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above	s) 1e and 1f	3,850.	3,850.			
		70tan 7 taa milaa ya		Business Code				
Program Service Revenue				•				
	3	Investment income (including div	/idends, interes					
	4 5	other similar amounts) Income from investment of tax-e Royalties			-1,105.	-1,105.		
	c b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	· · · · —	(i) Securities	(ii) Other				
je Je	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising 6	events (not	<b>&gt;</b>	-			
Other Revenu	h	including \$	c). See a					
δ	l	: Net income or (loss) from fundra		<b></b>				1
	9 a	Gross income from gaming active Part IV, line 19 Less: direct expenses	rities. See					
	10 a b	<ul> <li>Net income or (loss) from gaming</li> <li>Gross sales of inventory, less regard allowances</li> <li>Less cost of goods sold</li> <li>Net income or (loss) from sales of</li> </ul>	turns a b	<b>&gt;</b>				
		Miscellaneous Revenue		Business Code				
	11 a b c							
		All other revenue .						ļ ———
		Total. Add lines 11a-11d Total revenue. See instructions.			2,745.	-1,105.	0.	_ 0

Form 990 (2015) CONWAY CANCER
Part IX Statement of Functional Expenses

<u>secu</u>	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response			присте солини (гу.	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	905.	905.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees		_ <del>-</del>	=	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	375.		375.	
С.	Accounting			3/3.	
d	Lobbying	·			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
40	· · ·				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				·i ···
13 14	Information technology	_			<del></del>
15	Royalties				<del> </del>
16	Occupancy	· ·			
17	Travel				
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	243.	243.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		:		
а	MISCELLANEOUS EXPENSE	102.	102.		
b				_	
c					
d					
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	1,625.	1,250.	375.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 32,551 31,582. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other ,674. basis Complete Part VI of Schedule D 168. 10c b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 .... 15 15 31,599. 32,719. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0 0. Total liabilities, Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 31,599. 32,719. Capital stock or trust principal, or current funds 30 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 31 0. Retained earnings, endowment, accumulated income, or other funds 32 32 31,599. 32,719. 33 33 Total net assets or fund balances 31,599. 32,719.

Total liabilities and net assets/fund balances

orm	990 (2015) CONWAY CANCER FOUNDATION	71-08	30247	Pag	<sub>le</sub> 12
Pai	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		2,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	<u> 25.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	<u>20.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3:	<u>1,59</u>	<u>99.</u>
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	3:	2,7:	<u>19.</u>
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		ŀ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ł	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	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	e audıt,	1		
	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				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		Ī	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	3b		
			Form	9 <b>90</b> (2	2015)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

		CONW	AY CANCER	FOUNDATION				71	<u>L-083024</u> 7
Par	tΙ	Reason for Public C			mplete th	s part ) Se	e instructions.		
he o	rganı	zation is not a private found	ation because it is: (	For lines 1 through 11, c	heck only	one box.)	•		
1 [		A church, convention of chi					)(A)(i).		
2		A school described in secti					7. 7.		
3	司	A hospital or a cooperative					i).		
4	亏	A medical research organiza	•				•	ii). Enter t	he hospital's name.
<b>4</b> L		city, and state:	ation operated in co.	ijanoton min a noopna.	4000.1004	000110	(5,5,7, .,7, .,7,	,	no morphiano manno,
5 [		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	overnmental un	rt describe	ed in
<b>5</b> 1		section 170(b)(1)(A)(iv). (C		logo of dilivoloity owner	or opera.	od by a g	overminema an		, <b>u</b>
ا م				antal unit described in	naction 17	70/5V4VAV	6.4		
6 L	<del></del>	A federal, state, or local gov	_					aonoral r	ublic described in
7 (	لها	An organization that normal	-	ntial part of its support if	ioni a gov	emmema	unit or from the	general p	dublic described in
_ [		section 170(b)(1)(A)(vi). (Co							
<b>8</b> [	=	A community trust describe						_	
9 l		An organization that normal	•						
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the orga	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor							
10 ļ		An organization organized a	•	•	-				
11		An organization organized a		-					
		more publicly supported org	~						neck the box in
		lines 11a through 11d that	•			•		_	
а	L								
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or trustee	s of the su	pporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b	L	Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization	(s), by hav	ring
		control or management of	f the supporting orga	anızation vested in the s	ame perso	ons that co	ontrol or manag	e the supp	oorted
		organization(s) You mus	t complete Part IV,	Sections A and C.					
¢		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally	ıntegrate	d with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	rintegrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organız	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and	an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	ınızatıon received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ng organiz	zation.			
f	Ente	er the number of supported o	organizations						
g	Prov	ride the following information		ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(ıv) Is the o listed i	rganization			(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing		support (s	<b>I</b>	other support (see
					Yes	No	instructioi	15)	instructions)
			-						
							<u> </u>		
				-			1		· · · · · ·
									······································
[otal	1								

Schedule A (Form 990 or 990-EZ) 2015 CONWAY CANCER FOUNDATION 71-0830247 Page 2

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

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

Sec	ction A. Public Support					· -	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	15,366.	15,176.	12,821.	20,776.	3,850.	67,989.
2	Tax revenues levied for the organ-				-		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15,366.	15,176.	12,821.	20,776.	3,850.	67,989.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,432.
6	Public support. Subtract line 5 from line 4						56,557.
Se	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	15,366.	15,176.	12,821.	20,776.	3,850.	67,989.
8	Gross income from interest,						,
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,276.	1,677.	2,000.	1,073.	-1,105.	4,921.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						72,910.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage		· ·		
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>77.57 %</u>
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	<u>77.67_ %</u>
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
Ł	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						
178	10% -facts-and-circumstances tes	t - 2015. If the org	anızatıon dıd not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10% i	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	<b>ere.</b> Explain in Pai	t VI how the organ	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a j	publicly supported	organization		
t	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon dıd not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	ın 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	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 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 be Section A. Public Support	iow, please com	plete Part II.)				
<del></del>	4 > 0011	4.10010	4-3 0040	4 0 0014	4 1 0045	
Calendar 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						
include any "unusual grants ")		<del> </del>		<u> </u>		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		:				
organization's tax-exempt purpose			<del></del>			
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
•						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities					_	
furnished by a governmental unit to		1				
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		ľ				*
3 received from disqualified persons				_		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)	_					
Section B. Total Support				······································		
Calendar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		_				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						_
assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)	-					-
14 First five years. If the Form 990 is for	the organization	's first, second. the	rd, fourth. or fifth t	ax year as a section	on 501(c)(3) organiz	ation.
check this box and stop here			, , .	<b>,</b>		▶□
Section C. Computation of Publi	ic Support Pe	ercentage				
15 Public support percentage for 2015 (I			column (f))		15	%
16 Public support percentage from 2014		•		• ••	16	%
Section D. Computation of Inves				<del></del>	:	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•		,	٠	18	
19a 33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than :		
more than 33 1/3%, check this box as	nd stop here. Th	e organization qua	lifies as a publicly	supported organiz	ation	. ▶□
b 33 1/3% support tests - 2014. If the						and .
line 18 is not more than 33 1/3%, che						<b>*</b> H
20 Private foundation. If the organization	n ala not check a	a box on line 14, 19	a, or 19b, check t	nis box and see in	structions	

### 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 F. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
<u>Sec</u>	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		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			ļ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ŀ		1
	organization was described in section 509(a)(1) or (2).	_ 2		ļ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	ł		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	İ		
	organization made the determination.	3b	<u> </u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	1
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	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			
	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 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ĺ		
	designated in the organization's organizing document?	5b		L
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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		Ì	
	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	İ		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		İ	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	l	1	İ
	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		L
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	ŀ		
	ın 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		
С	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	L	
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	1		
	supporting organizations)? If "Yes," answer 10b below.	10a	<u>                                      </u>	
h	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.

Sche	dule A (Form 990 or 990-EZ) 2015 CONWAY CANCER FOUNDATION 71	-083024	7 P	age 5
	t IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			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,	ļ		
	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 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	stion C. Type II Supporting Organizations	L_ <del></del>	L	<u> </u>
000	tion of type in outporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
1	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			
Soc	the supported organization(s). etion D. All Type III Supporting Organizations		1	
Sec	Cition D. All Type III Supporting Organizations		Yes	No
	Did the experimentary provide to each of the curported exceptions, by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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			
<u>~</u>	supported organizations played in this regard.	3	l	L
	etion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instruction	ons):		
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions		г
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	·		İ	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

	dule A (Form 990 or 990-EZ) 2015 CONWAY CANCER FOUNDATION TO VIDEO TO THE TOWN TO THE TOWN TO THE TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TOWN TOWN TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN			/1-0830247 Page 6
4	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			untions All
1	other Type III non-functionally integrated supporting organizations must co			uctions. All
Sect	ion A - Adjusted Net Income	omplete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
2	Recoveries of pnor-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			
Ū	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	-	
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<del></del>	
_	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		
	Average monthly cash balances	1b		
	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)	l		
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	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		ed Type III supporting org	anization (see
-	instructions).			•

Sche	dule A (Form 990 or 990-EZ) 2015 CONWAY CANCER			1-0830247 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
_6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI) See instructions.	<u></u>	. <u></u>	
_9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Exocos Biodibations	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015		=	
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a	<u> </u>			
b				
c				
ď	From 2013			
e	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:\$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	ļ		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3; and 4c.			
	Breakdown of line 7			
_ <u>8</u> _a				
<u>a</u> b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A	(Form 990 or 990-EZ) 2015	CONWAY CAN	CER FOUND	ATION	71	-0830247 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8 (See instructions.)	<b>nation.</b> Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3: Part IV. 5	explanations requ 5, 9a, 9b, 9c, 11a, Section E. lines 1c	uired by Part II, line 10; F , 11b, and 11c, Part IV, S c. 2a, 2b, 3a and 3b; Part	Part II, line 17a or 17b; Section B, lines 1 and t V, line 1; Part V, Sec	Part III, line 12; 2; Part IV, Section C, tion B, line 1e; Part V.
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### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONWAY CANCER FOUNDATION

**Employer identification number** 71-0830247

Pai	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						
			(a) Donor advised funds	(b) Fu	inds and other accounts		
1	Total	number at end of year					
2	Aggre	egate value of contributions to (during year)					
3	Aggre	egate value of grants from (during year)					
4	Aggre	egate value at end of year	·				
5	Did th	ne organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds			
		e organization's property, subject to the organization's			Yes No		
6	Did th	ne organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only			
		paritable purposes and not for the benefit of the donor		-			
		missible private benefit?			Yes No		
Pai		Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line			
1	Purpo	ose(s) of conservation easements held by the organizat	ion (check all that apply).		<del></del>		
		Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically impo	ortant land area		
		Protection of natural habitat	Preservation of a cer	tified historic	structure		
		Preservation of open space					
2	Comp	olete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conser	vation easement on the last		
	day o	of the tax year.			Held at the End of the Tax Year		
а	Total	number of conservation easements		2a			
b	Total	acreage restricted by conservation easements		. 2b			
С	Numl	per of conservation easements on a certified historic sti	ructure included in (a)	. 2c			
d	Numl	per of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture			
	listed	in the National Register		. 2d			
3	Numi	per of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization	on during the tax		
	year	<b></b>					
4	Numl	per of states where property subject to conservation ea	sement is located >				
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violat	ions, and enforcement of the conservation easements	it holds?		Yes No		
6	Staff	and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation ea	sements during the year		
	▶ _						
7	Amou	unt of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easem	ents during the year		
	▶\$						
8	Does	each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(i)			
	and s	section 170(h)(4)(B)(ii)?			. L Yes No		
9	In Pa	rt XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement,	and balance sheet, and		
	includ	de, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organiz	ation's accounting for		
		ervation easements.					
Pa	rt III	Organizations Maintaining Collections of	•	Other Sim	ilar Assets.		
		Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the	organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and ba	lance sheet works of art,		
	histo	ncal treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of publ	c service, provide, in Part XIII,		
	the te	ext of the footnote to its financial statements that descr	nbes these items				
b	If the	organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and baland	ce sheet works of art, historical		
	treas	ures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service,	provide the following amounts		
	relatıı	ng to these items:					
	(i) F	levenue included on Form 990, Part VIII, line 1		. ▶	\$		
	(ii) A	ssets included in Form 990, Part X		<b>&gt;</b>	\$		
2	If the	organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, prov	de		
	the fo	ollowing amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:				
а	Reve	nue included on Form 990, Part VIII, line 1	-	<b>&gt;</b>	\$		
h	Δεςρ	ts included in Form 990. Part X		<b></b>	<b>¢</b>		

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued/ (check all that apply): (check all	Sche	dule D (Form 990) 2015 CONWAY	CANCER FOU	NDATI	ON				<u>71-08</u>	30247	Page 2
check all that apply):   a	Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, c	or Othe	er Simila	ar Asse	ts(continu	ed)
a Public exhibition   d   Loan or exchange programs   b   Scholarly research   e   Other   c   Preservation for future generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Part IV   Exorow 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 analysis, instead, excitation or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization analysis, instead, excitation or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  C Beginning balance  1a Additions during the year  1b Ending balance  2a Dot the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  1a Beginning of year balance  b Contributions  1b if "Yes," explain the arrangement in Part XIII will be contributions  1c Not investment earnings, gains, and losses  d Grants or ascholarships  1c Administrated expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:  a Board designated or quasisendowment   96  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:  1b In Plant All In the intended uses of the organization's endowment funds.  Complete if the organizations  (in related organizations  1b In All Describes in Part XIII in the intended uses of t	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a s	ignificant i	use of its	collection i	tems
b Scholarly research e Other   Other		(check all that apply):									
c Perservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, of the organization solect or receive donations of art, historical reasures, or other smillar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  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.  Is the organization an alegant, intrastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance  C Beginning balance  C Beginning balance  I Ending balance  10 Distributions during the year  10 Distributions during the year  11 Ending balance  22 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability.  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Beginning of year balance  10 Distributions  11 Beginning of year balance  12 Provide in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  13 Beginning of year balance  14 Comment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  15 Contributions  16 Orants or scholarships  17 Component personal contributions  18 Beginning of year balance  29 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:  20 Board designated or quasi-endowment   96, Part XIIII or personal p	а	Public exhibition	d	_							
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?  Part IVI Escrow and Custodial Arrangements. Complete of 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, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    C Beginning balance	b	Scholarly research	e	. 🗀 0	ther						
5 During the year, dot the organization solicit or receive donations of art, histonical freasures, or other similar assets to be sold to raise funds rather than to be maintained as pain of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization an answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an aspent, flustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?   If "Yes," explain the arrangement in Part XIII and complete the following table:   If yes, and the arrangement in Part XIII and complete the following table:   If yes, and the arrangement in Part XIII and complete the following table:   If Ending balance   Id   Id   Id   Id   Id   Id   Id   I	C	Preservation for future generations									
to be sold to rase funds rather than to be meintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how the	ey further tl	he organizati	on's exe	mpt purpo	se in Parl	XIII.	
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?	5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er sımila	r assets		_	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year f Ending balance 2 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 Y   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   Ga) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Three years		to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ızatıon's co	ollection?				Yes	No_
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If Yes ⊆ No If Zero ⊆ No If Yes ⊆ No If Zero ⊆ No	Par		-	ete if the o	organizatio	n answered	"Yes" or	Form 990	, Part IV,	line 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
b if "Yes," explan the arrangement in Part XIII and complete the following table:    Amount	1a		an or other intermed	diary for c	ontribution	is or other as	sets not	ncluded	_	٦	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Indowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization is a been provided on Part XIII		• • • •				•		٠		」Yes	∟_ No
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d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization 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 f 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 Permanent endowment   % b Permanent endowment   % c Temporarily restricted endowment   % f Permanent endowment   % c Temporarily restricted endowment   % f Permanent endowment   % in the precentages on line 52a, 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 (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations 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 (other)  Description of property (a) Cost or other basis (other)  Description of property (b) Cost or other basis (other)  Description of property (d) Book value dequipment  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 (other)  Description of property (d) Book value  depreciation  1a Land  Buildings C Leasehold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvements C Edeaphold improvement										Amount	
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dependence   11   12   13   14   15   15   15   15   15   15   15	d	Additions during the year						1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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) Pnor year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships.  Contributions  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four year	е	Distributions during the year						1e			
B   f *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.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years ba	f	Ending balance						1f			
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Table   Intervent	<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabi	lity?		Yes	∐ No
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back	<u>b</u>								<u> </u>		
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 ▶ % 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 (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 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 Buildings c Leasehold improvements d Equipment c Cleasehold improvements d Equipment d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements d Equipment c Cleasehold improvements	Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" on Fo	rm 990, Parl	IV, line	10.			<del> </del>
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 (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Cleasehold improvements d Equipment d Equipment e Other			(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
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	Contributions									
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	С	Net investment earnings, gains, and losses									
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	d	Grants or scholarships									
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	е	Other expenditures for facilities									
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 ▶											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrativo exponeses									
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Board designated or quasi-endowment		•	rent year end baland	ce (line 1g	ı, column (a	a)) held as:					
b Permanent endowment	_				,	,,					
Temporarily restricted endowment ▶	-										
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Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  1,674. 1,506.  13a(ii)  3a(ii)  3a(ii)  4  3b  4  3b  4  3b  4  3b  4  3b  4  3b  4  3c  3c  3a(ii)  4  3c  3c  3c  3c  3c  3c  3c  3c  3c	·										
by (i) unrelated organizations (ii) related organizations (ii) related organizations (iiii) related organizations (iiii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	22	· · · · · · · · · · · · · · · · · · ·		ation that	are held a	nd administe	ered for t	he organiz	ation		
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  c Leasehold improvements  d Equipment e Other  1,674. 1,506. 168.											23 110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment e Other  1,674. 1,506. 168.		(!!)!	•		•						+-
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 (other) (c) Accumulated depreciation  1a Land basis (other) depreciation  b Buildings c Leasehold improvements dequipment 1,674. 1,506. 168.	_	.,		rod on Sc	shadula P2						+-
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 (other) (c) Accumulated depreciation  1a Land buildings c Leasehold improvements dequipment 1,674. 1,506. 168.	_		•						•	30	
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 (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  1,674.  1,506.  168.				JWIIIEIIL IL	urius.						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Book value  (f) Book value  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Book value  (f) Book value  (g) Accumulated depreciation  (h) Book value  (h) Book value  (ii) Accumulated depreciation  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value  (iii) Book value				Ω Part IV	line 11a S	See Form 990	) Part X	line 10			
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b Buildings c Leasehold improvements d Equipment e Other  1,674. 1,506. 168.	10	Land		/		· /					
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			equal Form 990 Part	X. calum	n (B). line 1				<b>D</b>		

CONWAY CANCER FOUNDATION

Schedule D (Form 990) 2015

71-0830247 Page 3

Sche	dule D (Form 990) 2015 CONWAY CANCER FOUNDATION		71-0830247 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturn.
	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		<sub>2a</sub>	
b	, , , , , , , , , , , , , , , , , , , ,	2b	1 -
c	· · · · · · · · · · · · · · · · · · ·	2c	1
d	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	2d	1
e	Add lines 2a through 2d	<del></del>	2e
3	Subtract line 2e from line 1	• ••	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• •	
a		4a	
b		4b	1
		<del>10</del> 1	4c
C	Add lines 4a and 4b		5
5 Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per	
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o man Expended per	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	
a		2a	1 1
b		2b	1
C	., , , , , , , , , , , , , , , , , , ,	2c	1
d		2d	ł _
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	•	4a	
b	, , , , , , , , , , , , , , , , , , ,	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	_ <del>.</del>	5
	rt XIII Supplemental Information.		4. D. 4.V. L O. D. 4.VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li		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 addition	al information	
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number** 

CONWAY CANCER FOUNDATION	71-0830247
FORM 990, PART VI, SECTION B, LINE 11:	
THE GOVERNING BODY REVIEWS FORM 990 BEFORE FILING DURING	A REGULAR MEETING
BEFORE THE FILING DATE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
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