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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.irs.gov/form990.

Open to Public Inspection

ΑI	or the	2016 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization	D Employer identifie	cation number
a	pplicable	ADVANCED MEDICAL RESEARCH		
Г	Addres	S		
늗	Name		51-0	209657
=	change Tinitial			
늗	ireturn	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
L	Final return/ termin-	1101 BEACON STREET 2W	617-	278-1800
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>8,522,937.</u>
	Amend return	BROOKLINE, MA 02446	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer NILE L ALBRIGHT	for subordinates	? Yes X No
	pendin	9 1101 BEACON STREET - SUITE 2W, BROOKLINE,	MA H(b) Are all subordinates in	ncluded? Yes No
7	Tax-exe	mpt status X 501(c)(3) 501(c) ()		list (see instructions)
		e: ► WWW.AMRFCANCERRESEARCH.ORG	H(c) Group exemptio	•
			rear of formation: 1973	
			real of formation. 1975 N	1 State of legal domicile. MA
	art I	Summary	EGELEGII LUE	D.1.0.1
è	1 1	Briefly describe the organization's mission or most significant activities CANCER R	ESEARCH AND E	DUCATION
Activities & Governance] .			
Ë	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of ${\mathfrak l}$	nore than 25% of its net as	sets
ĕ	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	5
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
Š	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
iţie		Total number of volunteers (estimate if necessary)	6	5
흕		Total unrelated business revenue from Part VIII, column (C), line 12	7a	
ĕ	1	• • • • • • • • • • • • • • • • • • • •	Ţ	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, ine 34	[7b]	
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,076,571.	2,128,531.
eu	9	Program service revenue (Part VIII, line 2g)	0.	
ě	∰o ∣	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	729,143.	452,179.
ш	₹₹1 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	212	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,805,714.	2,580,710.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	903,800.	1,245,000.
	4	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	1==-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	398,604.	495,921.
Expenses	=15		0.	
ē	_16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
X	yb	Total fundraising expenses (Part IX, column (D), line 25) 159,733.	100 676	114 645
	22	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	182,676.	114,647.
	100	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,485,080.	<u> 1,855,568.</u>
	19	Revenue less expenses Subtract line 18 from line 120 E0 E1	1,320,634.	725,142.
28			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	27,076,677.	30,630,777.
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	56,574.	75,667.
Net Assets or	22	Net assets or fund balances Subtract line 21 from-line-20	27,020,103.	30,555,110.
P	art II	Signature Block OGDEN, UT	27702071031	20,333,110.
		Ities of perjury/I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	v knowledge and heliof it in
UIII	ici pelia	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge	y knowledge allu bellet, it is
true	e, correc	t, and complete. Declaration of preparer (other train official visitorised on all important of which pre	parer has any knowledge	11/1m
		The state of the s	Data	////
Sig	ın	Signature of officer	Date /	/
He	re	NILE L ALBRIGHT, PRESIDENT//		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature,	Date / Check	PTIN
Pai	d	JAMES BODOIN, CPA guetolar CA	11/1/17 self-employ	P01207150
	parer	Firm's name COLES & BODOIN, LIAP	Firm's EIN	04-2620388
	Only	Firm's address 75 SECOND AVENUE	111113 2111	0 2 2020300
USE	, only		Dhono no 70	1-455-1400
		NEEDHAM, MA 02494	Phone no. 7 6	
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
632	001 11-1	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)
				G39
				/ /

Form 990 (2016)

4e

Total program service expenses

Form 990 (2016) FOUNDATION, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		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	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		ĺ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	İ		
	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,		;	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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, VIII, IX, or X			
	as applicable		İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a				
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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	45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19 Form	990	X 2016)
		rorm	PBU	∠U16)

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Form 990 (2016) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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		1	ì
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).		37	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	35
	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
04	contributions? If "Yes," complete Schedule M	30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		ĺ	v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	<u> </u>
5 -7	Part V, line 1	34	x	
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?	552		
	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	
		Form		2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X **7g** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Х 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2016) FOUNDATION, INC. 51-0209657 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year there are number of voting members of the governing body at the end of the tax year there are number of voting members encluded in the 1st above, who was not send to the provided the provided of the tax year there are number of voting members encluded in the 1st above, who was middle provided to deal without your and provided the deal of the governing body delegated threat authoracy to an executive committee or smallar commutes, explain in Schoolie 0. b. Enter the number of voting members encluded in the 1st, above, who was midglendent cifficer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 X Did the organization have control over management durines customarily performed by or under the decid supervision of officers, incredios, incredible or liver any supervision of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the provision of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 A the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have members or site of the organization have the training body? 5 Bid the organization have members or site of the governing body? 6 Bid the organization have because the meetings held or w		Check if Schedule O contains a response or note to any line in this Part VI			X
Series the number of voting members of the governing body at the end of the tax year If there are naterel differences in voting rights arong members of the governing body, or if the governing body or persons who had the power to elect or appoint one or more members of the governing body? 12	Sec	tion A. Governing Body and Management			
the zero trained additivenes in working rights among methers of the governing body of the text year if their are neutral additivenes in working rights among methers of the governing body of elegated broad authority in an executive committee or smilar committee, explain in Schedule 0. b. Enter the number of voting members methed and him to 1s, above, who are independent of the government of the committee of the committee of smilar committee, explain in Schedule 0. b. Enter the number of voting members methed and him to 1s, above, who are independent of the discussion of officers, directors, rustee, or key employees have a family relationship or a business relationship with any other officers, directors, or the control over management duties customarily performed by or under the direct supervision of officers, directors, or frustress, or key employees to a management combany or other person? 3				Yes	No
there are material differences in voting rights among members of the governing body of rights dross alturity to an anceutive committee or small committee, explain in Schedule 0. b. Enter the number of voting members included in line 1s, above, who are independent 2 Did any officer, director, incluse, or key employee? 3 Did the organization delegate control over management duthes customanly performed by or under the direct supervision of officers, directors, or husbers, or key employees to a management company or other person. 3 V A Did the organization called a make of the property of the property of the property of the property of the property of the property of the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 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? 7 A Pear any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization reserved, the property of the powerning body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is amentical editions? 10 Debt the organization have boal chapters, branches, or affinitives? 10 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 is governing body before fining the form? 10 Debt the organization have a written document retention and enforce compliance with th	1a	Enter the number of voting members of the governing body at the end of the tax year 5			
body delegated troad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of victing members included in line 1a, above, who are independent b Enter the number of victing members included in line 1a, above, who are independent continued in the process of		If there are material differences in voting rights among members of the governing body, or if the governing			
b Enter the number of voting members included in line 1a, above, who are independent by the following: Defail any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, or furstee, or key employees to a 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? Defail 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? Defail the organization have members or stockholders? Defail the organization have members as otherwises. Sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Defail the organization have members, stockholders, or other persons other than the governing body? Defail to organization contemporarieously document the meetings held or written actions undertaken during the year by the following: The poverning body? Defail to organization to serve the trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If I 'Yes, ' provide the names and addresses in Schedule O. Power organization have local chapters, branches, or affiliates? Describe in Schedule O the process. I am and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990 Describe in Schedule O the process. If any, used by the organization to review this Form 990 Describe in Schedule O the process of determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Describe in Schedule O the with was done Describe in Schedule O		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			!
officer, director, fustees, or key employee? 3 Det the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fustees, or key employees to a management company or other person? 4 Det the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Det the organization have members or stockholders? 6 Det the organization have members or stockholders? 7 Det the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Det be comparation civilization of the organization or reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Det is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or the any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or the organization have listed and addresses in Schedule O. 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Ves. No. 13 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 14 Describer is Schedule O the process, if any, used by the organization to review this Form 990. 15 Describer is Schedule O the process, if any, used by the organization to review this Form 990. 16 Det the organization have a written obscilient or for pamagement official. 16 D	b				
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Form 990 (FOUNDATIO			51-0209657	7 Page 7
Part VII	Compensation	of Officers, D	Directors, Tr	istees, Key Employees,	Highest Compensated	

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

Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average	Dontion						Reportable	Reportable	Estimated
Marile and Thie	hours per	(do not check more than one box, unless person is both as					compensation	compensation	amount of	
	week					or/trus		from	from related	other
	(list any	cţo				l		the	organizations	compensation
	hours for	a p			İ	ᄝ		organization	(W·2/1099·MISC)	from the
	related	tee	stee			is a] [(W-2/1099-MISC)		organization
	organizations	trus	ם		oyee	Ē.,				and related
	below	Individual trustee or director	Institutional trustee	Ja:	Key employee	Highest compensated employee	ᇐ			organizations
	line)	를	ııst	Officer	ē,	₹5	Former			
(1) NILE L. ALBRIGHT, MD	35.00									
PRESIDENT		X		X				143,774.	0.	35,000.
(2) MARTINA B. ALBRIGHT	5.00									
SECRETARY		X		X		L		41,000.	L0.	0.
(3) ISAAC SCHIFF	1.00									
DIRECTOR		X						0.	0.	0.
(4) WHITFIELD GROWDEN	1.00									
TREASURER		X		X				0.	0.	0.
(5) HARRY ORF	1.00					\Box				-
DIRECTOR		X		<u> </u>				0.	0.	0.
(6) OLIVER ROBINSON	35.00									
OFFICE MANAGER		1		ĺ		X		151,696.	0.	15,170.
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FOUNDATION, INC.

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)	_		(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estima			d
		hours per	box	, unle	ss pe	rson .	ıs bot	h an	compensation	compensation	- }		ount	of
		week (list any		Ceran		Tecto	or/trus	100)	from	from related	- }		other	
		hours for	director	t			-		the organization	organizations (W-2/1099-MISC)		- '	pensa om the	
		related	trustee or	Stee	1	[캻		(W-2/1099-MISC)	(** 2) 100000)	- (anızatı	_
		organizations	trust	a ta) de	ed mo	1		1	- {	_	relate	
		below	Individual t	Institutional trustee	Officer	E E	Highest compensated employee	Former		1		orga	nızatı	วทร
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1b	Sub-total							>	336,470.	C).	_5(0,1	70.
С	Total from continuation sheets to Part V	II, Section A						\blacktriangleright	0.).			0.
d	Total (add lines 1b and 1c)							<u> </u>	336,470.).	5	0,1	<u>70.</u>
2	Total number of individuals (including but r	not limited to the	hose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable				_
	compensation from the organization												Yes	2
_	O data			1.			0.400		highest seminanceted a	ampleyee en	Γ~	-+	res	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			:С, K	еу е	ייכונוו	oyee	, OI	nighest compensated e	inployee on		3	ſ	х
4	For any individual listed on line 1a, is the s			omr	ens	atio	n an	d ot	her compensation from	the organization	 	-		
7	and related organizations greater than \$15											4	x	
5	Did any person listed on line 1a receive or									idual for services				
	rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	such	per	son		- · -, -, -, -, -, -, -, -, -, -, -, -, -, 	 		5		X
Sec	tion B. Independent Contractors									. — — — — — — — — —				
1	Complete this table for your five highest co										nsat	tion fi	rom	
	the organization Report compensation for	the calendar	year	end	ing	with	or v	vithii		year.				
	(A) (B) Name and business address NONE Description of services									Co	(C mper	:) nsatioi	n	
	Name and business		1//	ON	<u>. </u>									<u> </u>
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2	Total number of independent contractors	(including but	not	lımıtı	ed to	o the	ose I	isted	d above) who received r	nore than				
_	\$100,000 of compensation from the organ						0							
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Form 990 (2016) FOUNDATION, INC.

Part VIII | Statement of Revenue

Total revenue Relead of Coxempt Induction Revenue Revenue Revenue Representation (Committee Intervenue Revenue) 1 a Federated campaigns 1 b			_	Check if Schedule O cont	ains a response o	or note to any line	e in this Part VIII		_	
### Space of the control of the cont							(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code 2 a	\$ \$	1 ;	a	Federated campaigns	1a					
Business Code 2 a	퉏			· -						
Business Code 2 a	٥٤			·	 					
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Business Code Page 2 2 2 3 5 5 5 5 5 5 5 5 5	중					2,120,331,				
Business Code Page 2 2 2 3 5 5 5 5 5 5 5 5 5	E E		_		i ia-11 \$		2 129 531			1
2 a b c d d c d d d d d d	0 "		<u> </u>	Total. Add lines 1a-11		Business Code	2,120,231,			
Trotal, Add lines 2a 22' 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalities (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 153,690, d Net gain or (loss) 7 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b Less cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or Boss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total, Add lines 11a-11d Total revenue, See instructions. 2 58,489 298,489		^	_		ì	Business Code				
g Total. Add lines 2a 2i	ğ									
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g Total. Add lines 2a 2i	Re		d							
g Total. Add lines 2a/2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 5, 942, 227 c Gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a b Less cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C All other revenue e Total, Add lines 11a-11d Total revenue, See instructions.	ŏ								·	
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Securities Sec	ļ						298,489.			298,489.
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Form 990 (2016) FOUNDATION, INC.
Part IX Statement of Functional Expenses

6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(1)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Adangement 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (1) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings linerast 21 Payments to affiliates 22 Depreciation, depletion, and amortization laurance 23 Insurance 24 Other expenses Insurae expenses on Schedule 0.) 25 TELEPHONE 26 TELEPHONE 27 TAXES 27 104. 28 18 18 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 6,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 16,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 16,259 . 10,097 28,818 . 4,784 . 16,568 28,763 . 12,407 . 16,259 . 10,097 28,818 . 12,407 . 16,259 . 10,	Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
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Advertising and promotion	g	-	1 250		1 250	
13 Office expenses 6 , 401 . 775 . 5 , 165 . 461 14 Information technology 15 Royalties 16 Occupancy 33 , 285 . 19 , 971 . 13 , 314			1,350.		1,350.	
Information technology Royalties Coccupancy Travel Repayments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Peyments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) TELEPHONE TELEPHONE REAL ESTATE TAXES NEWSLETTER 33, 285. 19, 971. 13, 314. 14, 959. 2, 975. 1, 984.			6 401	775	E 16E	161
15 Royalties 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 23 Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 24 amount, list line 24e expenses on Schedule 0.) 25 TELEPHONE 26 REAL ESTATE TAXES 27 NEWSLETTER 28 357. 29 19,971. 21 13,314	_	·	0,401.	1/3.	5,105.	401.
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 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a TELEPHONE b REAL ESTATE TAXES c NEWSLETTER 333,285. 19,971. 13,314. 14,959. 2,975. 1,984.		. .				
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 23 Insurance 4,959. 2,975. 1,984. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a TELEPHONE b REAL ESTATE TAXES c NEWSLETTER 357.	_	-	33 285	19 971	13 314	
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) TELEPHONE REAL ESTATE TAXES NEWSLETTER Tonicals 4,959. 2,975. 1,984. 2,975. 1,984. 2,104. 2,104. 357.	_	, ,	33,203.	<u> </u>	17,714.	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.) a TELEPHONE b REAL ESTATE TAXES c NEWSLETTER 5 104 1 4 , 390 1 516 258 2 , 104 1 2 , 104 1 3 57						
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.) a TELEPHONE b REAL ESTATE TAXES c NEWSLETTER 21 Payments to affiliates 4,959. 2,975. 1,984. 2,975. 2,975. 2,975. 2,975. 2,975. 2,975. 2,975. 357.	10					
Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) TELEPHONE REAL ESTATE TAXES NEWSLETTER Other expenses on Schedule 0.) 5,164. 4,390. 516. 258 2,104. 357.	10					
Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) TELEPHONE REAL ESTATE TAXES NEWSLETTER Other expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) TELEPHONE STATE TAXES ONEWSLETTER 357.		•				
Depreciation, depletion, and amortization Insurance 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.) TELEPHONE BREAL ESTATE TAXES C NEWSLETTER Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 5,164. 4,390. 516. 258 2,104. 357.						
23 Insurance		-				
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.) a TELEPHONE b REAL ESTATE TAXES c NEWSLETTER 357. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 5,164. 4,390. 516. 258		-, -, -, -, -, -, -, -, -, -, -, -, -, -	4,959.	2,975.	1,984.	
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.) a TELEPHONE 5,164. 4,390. 516. 258 b REAL ESTATE TAXES 2,104. 2,104. c NEWSLETTER 357. 357.		Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.) a TELEPHONE						
a TELEPHONE 5,164. 4,390. 516. 258 b REAL ESTATE TAXES 2,104. 2,104. c NEWSLETTER 357. 357.		amount, list line 24e expenses on Schedule 0.)				
b REAL ESTATE TAXES 2,104. 2,104. 357. 357.	а	· · · · · · · · · · · · · · · · · · ·	5,164.	4,390.		258.
	b	REAL ESTATE TAXES	2,104.		2,104.	
	c	NEWSLETTER				357.
	d	CREDIT CARD AND BANK FE	215.		215.	
e All other expenses	е	All other expenses				
25 Total functional expenses Add lines 1 through 24e 1,855,568. 1,476,519. 219,316. 159,733	25	Total functional expenses Add lines 1 through 24e	1,855,568.	1,476,519.	219,316.	159,733.
26 Joint costs Complete this line only if the organization	26	Joint costs Complete this line only if the organization				 _
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined		[
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.	!			
Check here If following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		Form 990 (2016)

Part X | Balance Sheet

Par	ťΧ	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Par	art X
-			(A) (B) Beginning of year End of year
7	1	Cash - non-interest-bearing	1
}	2	Savings and temporary cash investments	2,399,199. 2 2,589,640
}	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	4 21,862
l	5	Loans and other receivables from current and former officers, directors	
ĺ	_	trustees, key employees, and highest compensated employees. Comp	1 1
ĺ		Part II of Schedule L	5
Ì	6	Loans and other receivables from other disqualified persons (as define	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	, , , , , , , , , , , , , , , , , , , ,
1		employers and sponsoring organizations of section 501(c)(9) voluntary	
ູ		employees' beneficiary organizations (see instr) Complete Part II of So	
Assets	7	Notes and loans receivable, net	7
As	8	Inventories for sale or use	8
	9	Prepaid expenses and deferred charges	4,224. 9
	_	Land, buildings, and equipment cost or other	
	,,,,		2,514.
	h	Less accumulated depreciation 10b 2	2,514. 300,000. 10c 300,000
ı	11	Investments - publicly traded securities	14,973,254. 11 16,119,275
	12	Investments - other securities See Part IV, line 11	12
	13	Investments - program-related See Part IV, line 11	13
	14	Intangible assets	14
	15	Other assets See Part IV, line 11	9,400,000. 15 11,600,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,076,677. 16 30,630,777
	17	Accounts payable and accrued expenses	56,574. 17 75,667
	18	Grants payable	18
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	20
	21	Escrow or custodial account liability Complete Part IV of Schedule D	
'n	22	Loans and other payables to current and former officers, directors, tru	
iţi.		key employees, highest compensated employees, and disqualified pe	
Liabilities		Complete Part II of Schedule L	22
ڐ	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24
	25	Other liabilities (including federal income tax, payables to related third	
		parties, and other liabilities not included on lines 17-24) Complete Pai	
		Schedule D	25
	26	Total liabilities. Add lines 17 through 25	56,574. 26 75,667
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □	
S	{	complete lines 27 through 29, and lines 33 and 34.	
ည	27	Unrestricted net assets	17,620,103. 27 18,955,110
aga a	28	Temporarily restricted net assets	9,400,000. 28 11,600,000
Ö	29	Permanently restricted net assets	29
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here	
ᇈ	ł	and complete lines 30 through 34.	
ţ	30	Capital stock or trust principal, or current funds	30
set	1 -5	Paid-in or capital surplus, or land, building, or equipment fund	31
ŝ	31		
t Ass	31		
Net Assets or Fund Balances	31 32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	

	990 (2016) FOUNDATION, INC.	<u>51-</u>	<u>020965</u>	<u>7 r</u>	Page 12	
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			710.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			568.	
3	Revenue less expenses Subtract line 2 from line 1	3			142.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,0			
5	Net unrealized gains (losses) on investments	5	6	<u>09,</u>	865.	
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	2,2	00,	000.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	30,5	55,	110.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Ye	s No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Ì		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	1	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both			ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis	,				
b	Were the organization's financial statements audited by an independent accountant?		2t	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	lit		1	
	Act and OMB Circular A-133?		38	,	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. Open to Public Inspection ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Department of the Treasury Internal Revenue Service

ADVANCED MEDICAL RESEARCH

Employer identification number

OMB No 1545-0047

Name of the organization 51-0209657 FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Я An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (1) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) organization support (see instructions) No above (see instructions)) MASSACHUSETTS 04-1564655 451,000. GENERAL HOSPITAL

451,000.

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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

fails to qualify under the tests	listed below, plea	ase complete Part	····			···
Section A. Public Support					т - :	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1		1	
include any "unusual grants ")		 	 	 	 	
2 Tax revenues levied for the organ-					'	
ization's benefit and either paid to		}	Ì		1	
or expended on its behalf		 	 	 		
3 The value of services or facilities						
furnished by a governmental unit to		1		}	1	
the organization without charge		 	 	 	 	
4 Total, Add lines 1 through 3		 		<u> </u>		
5 The portion of total contributions						}
by each person (other than a governmental unit or publicly						
supported organization) included		1			1	
on line 1 that exceeds 2% of the			į		1	
amount shown on line 11,					1	
column (f)					1	
6 Public support. Subtract line 5 from line 4		 				
Section B. Total Support				<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on	1	1				1
securities loans, rents, royalties	1 1		}			
and income from similar sources	i	<u> </u>				
9 Net income from unrelated business		1				
activities, whether or not the						
business is regularly carried on	<u> </u>				<u></u>	
10 Other income Do not include gain		1	Ì	ĺ	1	
or loss from the sale of capital		}				
assets (Explain in Part VI)	_ 		 	ļ	ļ	
11 Total support. Add lines 7 through 10	L		<u> </u>	<u> </u>		l
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for	_	's first, second, th	ird, fourth, or fifth f	tax year as a secti	on 501(c)(3)	, —
organization, check this box and stor Section C. Computation of Publ) here ic Support Po	ercentage				
			column (f)		10	
14 Public support percentage for 2016 (15 Public support percentage from 2015			COMMIT (1))		15	% %
16a 33 1/3% support test - 2016. If the c			on line 13, and line	14 is 33 1/3% or		
stop here. The organization qualifies				10 00 17070 01	more, encor tria be	. Lund
b 33 1/3% support test - 2015. If the o				d line 15 is 33 1/3	% or more, check th	nis box
and stop here. The organization qual						▶ 🗀
17a 10% -facts-and-circumstances tes				ne 13, 16a, or 16b.	and line 14 is 10%	or more,
and if the organization meets the "fac		-				
meets the "facts-and-circumstances"					3	
b 10% -facts-and-circumstances tes					17a, and line 15 is	10% or
more, and if the organization meets the	ne "facts-and-circ	umstances" test,	check this box and	i stop here. Expla	in in Part VI how the	e
organization meets the "facts-and-circ	cumstances" test	t. The organization	qualifies as a pub	licly supported or	ganization	▶□
18 Private foundation. If the organization	on did not check	a box on line 13, 1	<u>6a, 16b, 1</u> 7a, or 17	b, check this box	and see instruction	s ▶[]

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")		_				
2 Gross receipts from admissions,						
merchandise sold or services per-				•		
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						-
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					<u> </u>	
furnished by a governmental unit to		ļ				
the organization without charge						
6 Total. Add lines 1 through 5		-			<u> </u>	
7a Amounts included on lines 1, 2, and		 				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						-
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>				
	4 > 0040	4 > 0010	(-) 0014	(4) 0015	() 0010	(0 T-+-1
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6					-	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	ercentage				
15 Public support percentage for 2016 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2015	Schedule A, Part	t III, line 15			16	9
Section D. Computation of Inves	stment Incom	ne Percentage				
17 Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	<u>-</u>	17	9/
18 Investment income percentage from 2					18	9/
19a 33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box as	=					
b 33 1/3% support tests - 2015. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio		-				

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		_x_
	2		Х
	-		
	3a		X
	3b		
	35		
	3c		
	4a		<u> </u>
	4b		
	4c		
	5a		х
	_5b _5c		
	6		<u>X</u>
	7		<u>X</u>
	8		<u>X</u>
	9a		<u>x</u>
i	9b		x
	9c		<u>X</u>
	10a		<u>X</u>
	10b		
n 9	90 or 99	10-EZ)	2016

Sche	dule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 51-	020965	7 P	ane 5
	rt IV Supporting Organizations (continued)	<u> </u>		age 5
L	oupporting organization (sommisso)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	1,40
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
_	below, the governing body of a supported organization?	11a		х
b	A family member of a person described in (a) above?	11b		X
	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		X
	tion B. Type I Supporting Organizations		<u> </u>	
			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	Ì	1	l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ł	l
	controlled the organization's activities If the organization had more than one supported organization,			ł
	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	X	
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			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed]	
	the supported organization(s)	1]	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		i i	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		}	İ
	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	1		l
	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	j		
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		[l
	supported organizations played in this regard	3		L
Sec	tion 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	ns).		
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstructions	:)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	}		í
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	those supported organizations and explain how these activities directly furthered their exempt purposes,		i i	l
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	_2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	i
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.]		1
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		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	

Sche	dule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC.			51-0209657 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income	į	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	·	
е	Discount claimed for blockage or other	[
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_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	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

51-0209657 Page 7 Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Section E - Distribution Allocations (see instructions) Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016. а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7 а **b** Excess from 2013

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION, INC. 51-0209657 Page & Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Ine 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)
PART IV SECTION A LINE 1
THE ORGANIZATION'S SUPPORTED ORGANIZATIONS ARE DESIGNATED BY CLASS AS
501(C)(3) CHARITABLE ORGANIZATIONS THAT PROMOTE THE ADVANCEMENT OF
MEDICINE, ENGAGE IN MEDICAL AND SCIENTIFIC RESEARCH AND PROVIDE PUBLIC
EDUCATION AND THAT ARE PUBLIC CHARITIES UNDER SECTION 509(A)(1) OR
SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.

➤ Attach to Form 990.

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

2016
Open to Public

Name of the organization

ADVANCED MEDICAL RESEARCH

Employer identification number

FOUNDATION, INC. 51-0209657 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Par		Collections of A	rt Hiet	orical Tr	ASSUITAS (or Othe				Page 2
Ь	Using the organization's acquisition, accessi									
3	•	on, and other record	is, check	carry or the	riollowing tria	l are a si	grincarit	JSE OF ILS	Collection	πems
	(check all that apply)									
а	Public exhibition	d			change progra	ams				
þ	Scholarly research	е	(Other	.					
С	Preservation for future generations							_		
4	Provide a description of the organization's co	•		-	_			se in Par	t XIII	
5	During the year, did the organization solicit o					er sımılar	assets		٦	
Da	to be sold to raise funds rather than to be ma							<u> </u>	<u>Yes</u>	No_
Par	t IV Escrow and Custodial Arran	-	ete if the	organizatio	on answered	'Yes' on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa		J 6							
та	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	inciuaea	_	7.,	
	on Form 990, Part X?			6.1-				<u> </u>	」Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able.				 		
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
7	Ending balance	arm 000 Dart V has	Of for		ustadial acco	البطميا خميي	1f		Yes	
	Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII						ty ?		_ res	├ No
Par							10			
- 41	Endownient i diag. Complete i	(a) Current year		rior year	(c) Two year		(d) Three y	eare hack	(a) Four	vears back
4.0	Beginning of year balance	(a) Current year	(6)	noi year	(c) (wo year	3 Dack	(u) Till CC y	Cars Dack	(e) i oui	Cars Dack
la h	Contributions				+					
D					 		_			
ن س	Net investment earnings, gains, and losses				 	-				
	Grants or scholarships									
e	Other expenditures for facilities	•								
	and programs		 							
'	Administrative expenses End of year balance					-				
9 2	Provide the estimated percentage of the cur	rent year end haland	re (line 1	a column (a)) held as	l			l	
z a	Board designated or quasi-endowment	rent year end balanc	%	g, colaitii (a), ricia as					
b	Permanent endowment	%	—′°							
		% %								
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for th	ne organiz	ation		
Ju	by						- 3		[·	Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R1	7				3b	
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	cumulate	d	(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation			
1a	Land			3(00,000.				300	,000.
b	Buildings									
С	Leasehold improvements									
d	Equipment			<u> </u>						
e	Other			l	2,514.		2,5	14.		0.
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, colur	nn (B), line	10c)				<u> 300</u>	,000.

Schedule D (Form 990) 2016 FOUNDATION, I	INC.			-020965/ Page 3
Part VII Investments - Other Securities.	- F 000 D-+ IV I	- 11h C F 000	D-4 V I 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		raluation Cost or end	of vear market value
	(b) Book value	(C) WELFIOU OF V	aldation Cost of end	or year market value
(1) Financial derivatives (2) Closely-held equity interests		 		
(3) Other				· · · · · · · · · · · · · · · · · · ·
				
(A)		 		
(B)				
(C)				
(D)			<u> </u>	
(E) (F)				
(r) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII Investments - Program Related.			 	
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c See Form 990.	Part X. line 13	
(a) Description of investment	(b) Book value		aluation. Cost or end	of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or		e 11d See Form 990,	Part X, line 15	
	escription			(b) Book value
(1) BENEFICIAL INTEREST IN CHA	RITABLE TRU	ST		11,600,000.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
	·····			
(9)	`			44 600 000
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15)			11,600,000.
	n Farm 000 Dort IV Im	- 11 116 C F	- 000 D-+ V I 05	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, III	(b) Book value	n 990, Part X, line 25	
"		(b) Book value		
(1) Federal income taxes		···········		
(2)		······································		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

ADVANCED MEDICAL RESEARCH FOUNDATION, INC. 51-0209657 Schedule D (Form 990) 2016 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 3,190,575. Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b 2c c Recoveries of prior year grants 609,865 2d d Other (Describe in Part XIII) 609,865. 2e Add lines 2a through 2d 2,580,710. 3 Subtract line 2e from line 1 .3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 580 710. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,855,568. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII) 2d 2e e Add lines 2a through 2d 1,855,568. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART XI, LINE 2D - OTHER ADJUSTMENTS: 609,865. NET UNREALIZED GAIN ON INVESTMENTS

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047	2016	Open to Public	Inspection
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Department of the Treasury
Internal Revenue Service

Name of the organization

Department of the Treasury

Internal Revenue Service

Department of the Attach to Form 990.

Department of the Annual Service

Department of the Annual Service

Department of the Annual Service

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Depa

Name of the organization ADVANCED MEDICAL RESEARCH FOINDATION INC.	MEDICAL R	ESEARCH					Employer identification number $51-0209657$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMBRIDGE, MA 02142	06-1043412	501(C)3	201,000.	0			CANCER RESEARCH
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE							
BOSTON, MA 02115	04-2774441	501(C)3	144,000.	0.			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)3	451,000.	0			CANCER RESEARCH
KOCH INSTITUTE FOR CANCER RESEARCH 500 MAIN ST CAMBRIDGE, MA 02142		501(C)3	449,000,	0			CANCER RESEARCH
		į					
1							
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in th	listed in the line 1 table				4.
LHA For Paperwork Reduction Act Notice, see the Instructions for For	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

ADVANCED MEDICAL RESEARCH FOUNDATION, INC.

Schedule I (Form 990) (2016)

Part III

Page 2

51-0209657

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

Compensation Information

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

ADVANCED MEDICAL RESEARCH

Employer identification number

FOUNDATION, INC. 51-0209657
Questions Regarding Compensation

			res	NO
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	1		
	First-class or charter travel Housing allowance or residence for personal use		ļ	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	Í		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	•	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	ĺ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			l
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization		i	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X X X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				İ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		ĺ
	contingent on the revenues of			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Į
	contingent on the net earnings of			i
а	The organization?	6a		_X_
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Ì	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	if "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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FOUNDATION, INC.

ADVANCED MEDICAL RESEARCH

Schedule J (Form 990) 2016 FOUNDA1

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(B)(I)(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(III) Other reportable	compensation			reported as deferred on prior Form 990
			compensation	compensation				
(1) NILE L. ALBRIGHT MD	Ξ	143,774.	0	0	35,000.	0.	178,774.	0
PRESIDENT	: (3)		0	0	0.	0.	0	0
(2) OLIVER ROBINSON	ε	151,696.		0	15,170.	0.	166,866.	0
OFFICE MANAGER	Ξ	0	0	0.	0	0.	0	0
	Ξ							
	: 🖺							
	8							
	(ii)							
	8							
	(ii)							
	Θ							
	Ξ							
	Θ							
	Ξ							
	Ξ							
	(ii)							
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	Θ							
	(ii)							
	ε							
	(i)		3					;
	Ξ							
	(ii)							
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	Ξ							
	▣							
	3							
	(ii)							

Schedule J (Form 990) 2016

FOUNDATION, INC.

51-0209657

Page 3

Schedule J Form 990) 2016 FOUNDATION, INC.	51-0209657 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	Part II Also complete this part for any additional information
	Schedule J (Form 990) 2016

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Schedule L (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service	► Information	about				EZ) and its instruction	z. 1s is at www. <i>t</i> rs	.gov/fe	orm99	0.		pen T spect	o Pub ion	lic
Name of the organization	ADVANC	ED :	MEDICAL	RES	EAR	CH			Em	ployer	rıdenti	ificati	on nu	mber
	FOUNDA'	rio	N, INC.								096	57		
Part I Excess Be	enefit Trans	acti	ons (section 50)1(c)(3), sect	on 501(c)(4), and 5	01(c)(29) orgar	nzatioi	ns only	y)				
Complete if t	he organization	ansv	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25	b, or Form 990)-EZ, F	Part V,	line 40	<u>)b</u>			
1 (a) Name of disqualifie	ed nerson	(b) R	lelationship bety			ified	c) Description	of tran	nsactio	าก		(d)	Corre	cted?
			person and or	ganiza	ation							<u> </u>	es	No
												+-		
												+	-+	
												+-		
												+-		
												+-		
2 Enter the amount of t	tax incurred by	the o	roanization man	agers	or disc	qualified persons di	uring the year i	ınder						
section 4958	tax incorred by	11.00	rganization man	agera	0. 0.00	quamou pordono di	arring trio your c	.,		> \$				
3 Enter the amount of t	tax, if anv, on li	ne 2.	above, reimburs	ed by	the or	ganization				\$				
	, -, ,			,										
Part II Loans to	and/or Fron	n Int	erested Per	sons	•									
Complete if t	he organization	n ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or	Form 990, Par	t IV, lır	ne 26,	or if th	ne orga	ınızatı	on	
reported an a	amount on Forr	n 990	, Part X, line 5,								14-5 A.S.			
(a) Name of	(b) Relatio		(c) Purpose		an to or	(e) Original	(f) Balance	due	by b		l by boa	pard or agreement?		
interested person	with organi	zation	of loan		zation?	principal amount		 		T	comm		 	τ
				To	From		 		Yes	No	Yes	No	Yes	No
				 -	 		 		 		 	 -		├
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				1	Ţ								 	
							<u> </u>							
Total			·				<u> </u>		<u> </u>		<u> </u>		<u> </u>	
Part III Grants or	· Assistance	Be	nefiting Inte	reste	d Pe	rsons.								
			wered "Yes" on											
(a) Name of interest	ted person		(b) Relationship	betwe	een	(c) Amount of assistance		i) Type ssistar		}) Purp assist	ose o	f
		}	interested per the organiz		IG	assistance	"	Joiotai	,00		•	255150	arice	
										-+				
						 								
						 								
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		_						<u></u>						
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										T				

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

ADVANCED MEDICAL RESEARCH Schedule L (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 51-0209657 Page 2 Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount die scription of organization's person and the organization transaction transaction revenues? Yes No ALBRIGHT ASSOCIATES PRESIDENT OF AMRE 33,285.RENT IS X OLIVER ROBINSON SON-IN-LAW OF PRESI 166,866.SALARIED EM X 41,000 RESEARCH FE MARTINA B ALBRIGHT DAUGHTER OF PRESIDE X **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ALBRIGHT ASSOCIATES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PRESIDENT OF AMRF CONTROLS ALBRIGHT ASSOCIATES (D) DESCRIPTION OF TRANSACTION: RENT IS ALLOCATED BETWEEN ALBRIGHT ASSOCIATES AND AMRF WHO SHARE THE SAME OFFIICE SPACE AND ARE LISTED AS CO-TENANTS IN THE LEASE (A) NAME OF PERSON: OLIVER ROBINSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF PRESIDENT OF AMRF

(D) DESCRIPTION OF TRANSACTION: SALARIED EMPLOYEE OF AMRF

(A) NAME OF PERSON: MARTINA B ALBRIGHT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF PRESIDENT OF AMRF

(D) DESCRIPTION OF TRANSACTION: RESEARCH FEE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Name of the organization

632211 08-25-16

ADVANCED MEDICAL RESEARCH FOUNDATION, INC.

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

Employer identification number <u>51-0209657</u>

Schedule O (Form 990 or 990-EZ) (2016)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE PUBLIC EDUCATION RELATED TO THE FOREGOING AND THAT HAVE BEEN
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS ORGANIZATIONS DESCRIBED
IN SECTION 501(C)(3) AND AS ORGANIZATIONS DESCRIBED IN EITHER SECTION
509(A)(1) OR SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.
FORM 990, PART VI, SECTION A, LINE 2:
NILE L. ALBRIGHT, PRESIDENT AND DIRECTOR, AND MARTINA B. ALBRIGHT, DIRECTO
ARE FATHER AND DAUGHTER
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRESIDENT REVIEWS ALL DATA CONTAINED IN THE FORM 990 PRIOR TO ITS
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REVIEWS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
ADVANCED MEDICAL RESEARCH FOUNDATION MAINTAINS ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AT THEIR OFFICE AND
MAKES THEM AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ASSETS RELEASED FROM TEMPORARY RESTRICTION -1,970,247
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST 4,170,247

Name of the organization	ADVANCED MEDICAL RESEARCH FOUNDATION, INC.	Employer identification number 51-0209657
TOTAL TO FOR	M 990, PART XI, LINE 9	2,200,000.
1		

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. ADVANCED MEDICAL RESEARCH FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

2016

OMB No 1545-0047

Open to Public Inspection

51-0209657

Employer identification number

		3					
(a)	(q)	(5)	(P)	(e)		3	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	e End-of-year assets		Direct controlling entity	
	- - -						
	Ţ						
	ī						
	7						
Part II organization of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34 be	cause it had one o	r more related tax-exe	mpt	
(a)	(q)	(c)	(p)	(e)	(±)	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) Iled 72
		1		501(c)(3))	`	Yes	٤
MASSACHUSETTS GENERAL HOSPITAL - 04-1564655							
BOSTON, MA 02114	HOSPITAL	MASSACHUSETTS	501(C)(3)	LINE 3			×
					}		
For Danamork Dadimtion Ant Mating and the leading							

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 FOUNDATION, INC.

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

Page 2

51-0209657

General or Percentage managing Ownership Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Code V.UBI General or Pramount in box managing c 20 of Schedule parine? K·1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets Oisproportionate Yes No allocations? Ξ Share of total uncome Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
Direct controlling
entity (related, unrelated, excluded from tax under sections 512-514) Predominant income <u>e</u> Legal domicile (state or foreign country) ত্ত (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 09-06-16 Part IV

ADVANCED MEDICAL RESEARCH FOUNDATION, INC.

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one o	transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			1b	X	
c Gift, grant, or capital contribution from related organization(s)			5		×
d Loans or loan guarantees to or for related organization(s)			14		×
e Loans or loan guarantees by related organization(s)			1e		×
					;
† Uividends from related organization(s)			=	Ť	<u>ا</u> ۵
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			4		×
i Exchange of assets with related organization(s)			1;		×
j Lease of facilities, equipment, or other assets to related organization(s)			1j		×
					:
k Lease of facilities, equipment, or other assets from related organization(s)			¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			ţ		×
 Sharing of paid employees with related organization(s) 			1		×
 Permbursement paid to related organization(s) for expenses 			4		×
q Reimbursement paid by related organization(s) for expenses			5		×
r Other transfer of cash or property to related organization(s)			+		×
s Other transfer of cash or property from related organization(s)			1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	implete this line, including covered re	lationships and transaction thresholds			
3	12)	3			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MASSACHUSETTS GENERAL HOSPITAL	Ф	451,000.0	451,000.CASH DISBURSED
(2)			
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2016

632163 09-06-16

51-0209657

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ADVANCED MEDICAL RESEARCH

FOUNDATION, INC. Schedule R (Form 990) 2016 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

יומן אינון איין אינון אי	(4)	[0]		9)	(5)	3	3	5	(8)
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	Predominant income partners sec (related, unrelated, 501(5)(3)	φ <u>.</u>	Share of end-of-year	Dispropor- tionate	Dispropor Code V-UBI General or Percentage Lond amount in box 20 managing ownership	General or managing	Percentage ownership
		country)	sections 512-514) Yes No	-	assets	Yes No	(Form 1065)	Yes No	
						-			
								_	
						_			
		~							
	i								
								_	}
						7		7	

Schedule R (Form 990) 2016

 Schedule D	(Form 990) 2016 Supplemental Information Provide additional information of the control of the c	ADVANCED MEDICAL RESEARCH FOUNDATION, INC.	51-0209657 Page 5
Part VII	Supplemental Infor	mation.	<u> </u>
	Provide additional informa	ation for responses to questions on Schedule R See instructions	
			
			
	 		
			
			
			
			· · · · · · · · · · · · · · · · · · ·
		······································	

632165 09-06-16

Schedule R (Form 990) 2016