

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE MAX CURE FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
560 SYLVAN AVE NO 1225

City or town, state or province, country, and ZIP or foreign postal code
ENGLEWOOD CLIFFS, NJ 07632

D Employer identification number
26-3862577

E Telephone number
(201) 569-5595

G Gross receipts \$ 857,617

F Name and address of principal officer
RICHARD PLOTKIN
560 SYLVAN AVE NO 1225
ENGLEWOOD CLIFFS, NJ 07632

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

H(c) Group exemption number ▶

J Website: ▶ MAXCUREFOUNDATION.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2008

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION USES CONTRIBUTIONS TO FUND RESEARCH FOR PEDIATRIC CANCER DRUGS, INCLUDING UNDERWRITING A LAB AT MEMORIAL SLOAN-KETTERING CANCER CENTER, AND ALSO FINANCIALLY SUPPORTS LOW INCOME FAMILIES AND MILITARY FAMILIES WHO HAVE CHILDREN WITH CANCER IT ALSO PURSUES LEGISLATIVE AND REGULATORY CHANGES THAT SEEK TO BENEFIT CHILDREN WITH CANCER AND AT THE SAME TIME TO RAISE AWARENESS OF ISSUES INVOLVING PEDIATRIC CANCER

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

| | | |
|--|----|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 3 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 25 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 655,886 | 638,256 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -46,299 | 158,037 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 609,587 | 796,293 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 261,369 | 230,575 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 132,831 | 133,155 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶106,555 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 184,970 | 245,903 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 579,170 | 609,633 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 30,417 | 186,660 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 49,274 | 226,372 |
| 21 Total liabilities (Part X, line 26) | 24,063 | 14,501 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 25,211 | 211,871 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2018-05-10
RICHARD PLOTKIN VICE CHAIRMAN
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: LEONARD OKUN
Preparer's signature: LEONARD OKUN
Date: 2018-05-10
Check if self-employed
PTIN: P00001749
Firm's name: JANOVER LLC
Firm's EIN: 11-3258497
Firm's address: 100 QUENTIN ROOSEVELT BLVD
GARDEN CITY, NY 11530
Phone no: (516) 542-6300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION USES CONTRIBUTIONS TO FUND RESEARCH FOR PEDIATRIC CANCER DRUGS, INCLUDING UNDERWRITING A LAB AT MEMORIAL SLOAN-KETTERING CANCER CENTER, AND ALSO FINANCIALLY SUPPORTS LOW INCOME FAMILIES AND MILITARY FAMILIES WHO HAVE CHILDREN WITH CANCER IT ALSO PURSUES LEGISLATIVE AND REGULATORY CHANGES THAT SEEK TO BENEFIT CHILDREN WITH CANCER AND AT THE SAME TIME TO RAISE AWARENESS OF ISSUES INVOLVING PEDIATRIC CANCER IN ADDITION, THE FOUNDATION ALSO DONATES LIMITED FUNDS TO OTHER 501(C)(3)CHARITIES NOT DIRECTLY RELATED TO PEDIATRIC CANCER CAUSES WHICH ASSIST THE FOUNDATION IN ITS MISSION STATED ABOVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 314,959 including grants of \$ 230,575) (Revenue \$ 23,584)
See Additional Data

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

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

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

4e Total program service expenses ▶ 314,959

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | | No |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 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) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | No |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 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 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RICHARD PLOTKIN VICE CHAIRMAN | 50 00 | X | | X | | | | 0 | 0 | 0 |
| (2) DAVID PLOTKIN CHAIRMAN | 30 00 | X | | X | | | 12,000 | 0 | 0 | 0 |
| (3) SAM TOBIAS DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (4) HILARY DECESARE DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (5) VYTO KAB DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (6) CRAIG COBLENZ DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (7) ANNE ROBERSTON DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (8) PAUL SCHAFFHAUSER DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (9) HENRY WHITE DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (10) DANIEL PFEFFER DIRECTOR | 3 00 | X | | | | | 0 | 0 | 0 | 0 |
| (11) JONATHAN AGIN EXECUTIVE DIRECTOR | 30 00 | X | | X | | | 60,000 | 0 | 6,348 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|---|----------------------|--|---|--|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | 86,211 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 552,045 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f | | 638,256 | | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ 86,211 of contributions reported on line 1c) See Part IV, line 18 | a | 0 | | | | |
| | | b Less direct expenses | b | 61,324 | | | |
| | | c Net income or (loss) from fundraising events | | | -61,324 | | -61,324 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a OTHER INCOME | 900099 | 219,361 | 219,361 | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 219,361 | | | | | |
| 12 Total revenue. See Instructions | | 796,293 | 219,361 | 0 | -61,324 | | |

Part IX Statement of Functional Expenses

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

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 112,400 | 112,400 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 75,675 | 75,675 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 42,500 | 42,500 | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 72,000 | 30,000 | 16,200 | 25,800 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 44,400 | 22,200 | 15,540 | 6,660 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 6,348 | 3,174 | 1,587 | 1,587 |
| 10 Payroll taxes. | 10,407 | 4,667 | 2,837 | 2,903 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | 15,484 | 4,055 | 2,027 | 9,402 |
| b Legal. | 59,787 | | 59,787 | |
| c Accounting. | 17,660 | | 17,660 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | | | | |
| 12 Advertising and promotion. | 69,899 | 13,980 | 6,990 | 48,929 |
| 13 Office expenses. | 2,055 | | 2,055 | |
| 14 Information technology. | 6,963 | | 6,963 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 24,190 | | 24,190 | |
| 17 Travel. | 6,890 | | | 6,890 |
| 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. | 1,431 | | 1,431 | |
| 23 Insurance. | 4,681 | | 4,681 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 10,265 | | 10,265 | |
| b BANK CHARGES | 8,135 | | 8,135 | |
| c ADVOCACY | 6,308 | 6,308 | | |
| d COMMUNICATION | 5,542 | | 3,325 | 2,217 |
| e All other expenses | 6,613 | | 4,446 | 2,167 |
| 25 Total functional expenses. Add lines 1 through 24e. | 609,633 | 314,959 | 188,119 | 106,555 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 42,236 | 1 | 134,582 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 1,217 | 3 | 15,000 |
| | 4 Accounts receivable, net | | 4 | 72,400 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 19,611 | | |
| | b Less accumulated depreciation | 10b 19,016 | 2,026 | 10c 595 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 3,795 | 15 | 3,795 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 49,274 | 16 | 226,372 | |
| Liabilities | 17 Accounts payable and accrued expenses | 21,280 | 17 | 11,692 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 2,783 | 25 | 2,809 |
| | 26 Total liabilities. Add lines 17 through 25 | 24,063 | 26 | 14,501 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 13,211 | 27 | 208,971 |
| | 28 Temporarily restricted net assets | 12,000 | 28 | 2,900 |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 25,211 | 33 | 211,871 |
| | 34 Total liabilities and net assets/fund balances | 49,274 | 34 | 226,372 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 796,293 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 609,633 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 186,660 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 25,211 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 211,871 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | | No |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p> | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 26-3862577

Name: THE MAX CURE FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FOUNDATION USES CONTRIBUTIONS TO FUND RESEARCH FOR PEDIATRIC CANCER DRUGS, INCLUDING UNDERWRITING A LAB AT MEMORIAL SLOAN KETTERING CANCER CENTER, AND ALSO FINANCIALLY SUPPORTS LOW INCOME FAMILIES AND MILITARY FAMILIES WHO HAVE CHILDREN WITH CANCER. IT ALSO PURSUES LEGISLATIVE AND REGULATORY CHANGES THAT SEEK TO BENEFIT CHILDREN WITH CANCER AND AT THE SAME TIME TO RAISE AWARENESS OF ISSUES INVOLVING PEDIATRIC CANCER. IN ADDITION, THE FOUNDATION ALSO DONATES LIMITED FUNDS TO OTHER 501(C) (3) CHARITIES NOT DIRECTLY RELATED TO PEDIATRIC CANCER CAUSES BUT ASSIST THE FOUNDATION IN ITS MISSION STATED ABOVE

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE MAX CURE FOUNDATION INC

Employer identification number

26-3862577

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 810,451 | 441,982 | 400,231 | 655,886 | 638,256 | 2,946,806 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 810,451 | 441,982 | 400,231 | 655,886 | 638,256 | 2,946,806 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 979,645 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,967,161 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | 810,451 | 441,982 | 400,231 | 655,886 | 638,256 | 2,946,806 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 7,583 | | | 7,583 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,954,389 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 66.580 % |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 53.230 % |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 performed, 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 business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 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

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (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 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | 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 | |
| Section 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 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 | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

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

Name of the organization
THE MAX CURE FOUNDATION INC

Employer identification number
26-3862577

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

| | (a) Donor advised funds | (b) 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) | | |
| 4 Aggregate value at end of year | | |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the 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 | 2d | |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 19,611 | 19,016 | 595 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 595 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| PAYROLL TAXES PAYABLE | 2,809 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 2,809 |

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

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

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

| | | | | |
|----------|---|-----------|-----------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 857,617 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 857,617 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | -61,324 | |
| c | Add lines 4a and 4b | | 4c | -61,324 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 796,293 |

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

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

| | | | | |
|----------|--|-----------|-----------|---------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 670,957 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | 61,324 | |
| e | Add lines 2a through 2d | | 2e | 61,324 |
| 3 | Subtract line 2e from line 1 | | 3 | 609,633 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 609,633 |

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 26-3862577

Name: THE MAX CURE FOUNDATION INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | UNCERTAIN TAX POSITIONS UNDER FIN48 -THE ORGANIZATION EVALUATES UNCERTAIN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR RECOGNITION IN ITS FINANCIAL STATEMENTS THE ORGANIZATION WAS NOT REQUIRED TO RECOGNIZE ANY AMOUNTS FROM UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 THE ORGANIZATION'S CONCLUSIONS REGARDING UNCERTAIN TAX POSITIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED UPON ONGOING ANALYSES OF TAX LAWS, REGULATIONS AND INTERPRETATIONS THEREOF AS WELL AS OTHER FACTORS GENERALLY, FEDERAL AND STATE AUTHORITIES MAY EXAMINE THE ORGANIZATION'S TAX RETURNS FOR THREE YEARS FROM THE DATE OF FILING |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | FUNDRAISING EVENT EXPENSES PER SCHEDULE G -61,324 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | FUNDRAISING EVENT EXPENSES PER SCHEDULE G 61,324 |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MAX CURE FOUNDATION INC

Employer identification number
26-3862577

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 0 |
| b Total from continuation sheets to Part I | | | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|--|----------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | TO ADVANCE CANCER RESEARCH | 42,500 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE MAX CURE FOUNDATION INC

Employer identification number
26-3862577

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|---|--------------|------------------|---|
| | | EVENT - WINE WOMEN AND SHOES (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 86,211 | | | 86,211 |
| 2 | Less Contributions | 86,211 | | | 86,211 |
| 3 | Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 61,324 | | | 61,324 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 61,324 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -61,324 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization THE MAX CURE FOUNDATION INC

Employer identification number 26-3862577

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for Memorial Sloan Kettering Cancer Center and MD Anderson Cancer Center.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) TO HELP LOW INCOME FAM FIGHT PEDIATRIC CANCER | 53 | 75,675 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | THE BOARD OF DIRECTORS APPROVES ALL GRANTS TO RECOGNIZED 501(C) 3 ORGANIZATIONS IN ACORDANCE WITH THE BYLAWS OF THE MAX CURE FOUNDATION |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MAX CURE FOUNDATION INC

Employer identification number

26-3862577

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | LINE 2 EXPLANATION - RICHARD PLOTKIN, VICE CHAIRMAN, IS THE FATHER OF DAVID PLOTKIN ELLIOT KERVIN IS THE SON-IN- LAW OF RICHARD PLOTKIN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | LINE 11A EXPLANATION - REVIEW FOR ACCURACY AND COMPARED TO PRIOR YEAR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | THE FOUNDATION REVIEWS ITS CONFLICT OF INTEREST POLICY AND WHERE A QUESTION ARISES, CONSULTS WITH LEGAL COUNSEL AND WHERE APPROPRIATE, SEEKS GUIDANCE FROM THE BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 15A | AT THE BOARD OF DIRECTORS MEETING, THE BOARD VOTED AND APPROVED DAVID PLOTKIN'S SALARY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | UPON REQUEST DOUCMENTS ARE AVAILABLE FOR INSPECTION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART XII, LINE 2C | THE OVERSIGHT PROCESS AND SELECTION PROCESS HAD NO CHANGES DURING THE TAX YEAR |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| <p>SCHEDULE I</p> | <p>IN 2017, MAX CURE FOUNDATION (MCF) DONATED A TOTAL OF \$230,575 TO OTHER CHARITIES AND TO FAMILIES IN ITS ROAR BEYOND BARRIERS PROGRAM 1 RESEARCH - IN 2017 MCF GRANTED \$153,800 IN RESEARCH DONATIONS A IN THAT REGARD, \$51,800 WAS DIRECTLY DONATED BY MCF TO THE MAX CURE FUND (MC FUND) AT MEMORIAL SLOAN KETTERING CANCER CENTER (MSKCC) TO BE USED TOWARDS FUNDING RESEARCH, BRINGING THE TOTAL CONTRIBUTED BY MCF TO THE MC FUND AT MSKCC FROM 2007 TO OVER \$976,000 AN ADDITIONAL \$25,000 WAS DONATED IN 2017 TO THE JOY FUND AT MSKCC WHICH PROVIDES FOR RECREATION, ARTS AND CRAFTS AND OTHER AMENITIES FOR PEDIATRIC PATIENTS IN TREATMENT AT THE HOSPITAL, BRINGING TOTAL DONATIONS IN 2016 AND 2017 TO THE JOY FUND BY MCF TO \$ 75,000 AN ADDITIONAL \$51,600 WAS CONTRIBUTED TO MSKCC BY A THIRD PARTY DONOR WHO MATCHED FUNDS FOR BREAST CANCER RESEARCH BASED ON CERTAIN OF THE MCF 2017 DONATIONS TO MSKCC THIS BROUGHT THE TOTAL OF MATCHED FUNDS SINCE 2008 TO \$110,000 THUS, SINCE 2007 MCF IS RESPONSIBLE FOR DONATIONS TO MSKCC IN THE AGGREGATE SUM OF \$1,161,000 B 2017 BEGAN MCF'S INITIATIVE TO IDENTIFY THE MOST AGGRESSIVE AND TRANSFORMATIONAL RESEARCH EFFORTS, THANKS TO FUNDING THROUGH THE CONNOR FUND (CONNOR CURES FOUNDATION) AND THROUGH THE ELISABETH BRAIN CANCER FUND ALONG WITH THE SUPPORT OF A NUMBER OF OTHER DONORS MCF FOCUSED ON FOUR RESEARCH PATHWAYS IN 2017 TO ADVANCE THE TREATMENT OF THE PARTICULARLY DIFFICULT DIAGNOSIS OF ACUTE MYELOID LEUKEMIA (AML), INCLUDING RELAPSE AND REFRACTORY DISEASE, WHICH SUM IS INCLUDED IN THE \$51,800 REFERENCED ABOVE IN PARAGRAPH 1(A), FOR RESEARCH INTO THE USE OF CAR-T CELLS, SPECIALIZED IMMUNE CELL THERAPY TREATMENT USING MODIFIED CELLS THAT TARGET AND ELIMINATE CANCER CELLS, WITH THE ULTIMATE HOPE OF BEING USED AGAINST OTHER FORMS OF CHILDHOOD AND ADULT CANCERS THIS RESEARCH HAS ITS GENESIS AT THE SAME IMMUNE CELL THERAPY LAB AT MSKCC THAT MCF INITIALLY PROVIDED CRITICAL FUNDING AS REFERENCED ABOVE IN PARAGRAPH 1(A) THROUGH THE MC FUND C ADDITIONALLY, MCF THROUGH THE CONNOR FUND AND THE RICHARD S. REYNOLDS FOUNDATION PROVIDED \$33,500 TO MARO OHANIAN, DO, FROM MD ANDERSON CANCER CENTER WITH COLLABORATION FROM GREG AUNE, MD, HIMSELF A CHILDHOOD CANCER SURVIVOR FROM UT HEALTH SAN ANTONIO THE PURPOSE OF THIS FUNDING IS TO CONDUCT RESEARCH, POTENTIALLY LEADING TO THE LAUNCH OF A CLINICAL TRIAL, STUDYING THE HARMFUL EFFECTS OF HEAVY METALS EXPOSURE IN PEDIATRIC CANCER DIAGNOSES AND THE RELATED SUCCESS RATE OF TREATMENTS AN ADDITIONAL COMPONENT OF THESE EFFORTS IS TO STUDY THE USE OF FDA APPROVED CHELATION THERAPIES TO REMOVE TOXINS FROM THE BLOODSTREAM IN AN EFFORT TO REDUCE ACUTE LIFE-LONG SIDE-EFFECTS EXHIBITED BY THOSE CHILDREN CONSIDERED TO BE CHILDHOOD CANCER SURVIVORS D MCF ALSO ISSUED A GRANT OF \$1,000, MADE POSSIBLE THROUGH MCF'S RUN FOR THE WHITE HOUSE PROGRAM, TO SUPPORT THE CREATION OF A FIRST OF ITS KIND OSTEOSARCOMA BASKET TRIAL E FINALLY, MCF CONTINUED TO SUPPORT THE FIGHT AGAINST DIPG THROUGH THE CREATION O</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| SCHEDULE I | <p>F THE ELISABETH BRAIN CANCER FUND THAT ALLOWED MCF TO DONATE \$42,500 TO INTERNATIONAL CLINICAL AND RESEARCH EFFORTS, WITH ANOTHER \$47,500 PLEDGED IN 2017 AND GRANTED IN JANUARY 2018 PREVIOUSLY MCF HAD DONATED \$40,000 TO A RESEARCHER SEEKING A CURE FOR DIPG 2 THE FOLLOWING DONATIONS WERE MADE IN 2017 TO OTHER NON-PROFITS WESTFIELD RECREATION CENTER - MCF WAS A SPONSOR OF A 5K RACE (\$500), COALITION AGAINST CHILDHOOD CANCER (CAC2) - MCF IS A FUNDING MEMBER OF THIS COLLABORATIVE ORGANIZATION OF FOUNDATIONS AND OTHERS SUPPORTING PEDIATRIC CANCER ISSUES (\$600), THUS THE TOTAL PAID TO OTHER NON-PROFITS IN 2017 WAS \$1,100 3 IN 2017, MCF DISBURSED \$75,675 IN FINANCIAL ASSISTANCE THROUGH THE ROAR BEYOND BARRIERS PROGRAM (RBB) A IN ALL, SINCE INCEPTION OF THE PROGRAM, OVER 150 FAMILIES ACROSS 21 STATES HAVE BEEN ASSISTED BY THE ROAR BEYOND BARRIERS PROGRAM SINCE 2008 MCF HAS CONTRIBUTED IN EXCESS OF \$700,000 TO FAMILIES IN ITS FAMILY ASSISTANCE INITIATIVE SUCH ASSISTANCE TAKES THE FORM PRIMARILY OF ISSUING TO THE FAMILIES MONTHLY GIFT CARDS FROM WALMART AND SAM'S CLUB TO ALLOW THE FAMILIES TO BUY NECESSITIES SUCH AS FOOD AND CLOTHING MEDICAL EXPENSES ARE OTHERWISE COVERED FOR THESE FAMILIES THROUGH MEDICAID OR THROUGH STATE OR FEDERAL UNREIMBURSED MEDICAL COST PROGRAMS IN ADDITION TO THE MONTHLY GIFT CARDS, ON OCCASION THE FOUNDATION ASSISTS THE FAMILIES BY PROVIDING THEM WITH MONIES TO PAY CERTAIN BILLS IN ARREARS (WHERE THERE ARE THREATENED SHUTDOWNS, FOR EXAMPLE, OF UTILITY SERVICES) AND ALSO, BY PROVIDING NUTRITIONAL SUPPLEMENTS NEEDED TO BOOST THE CHILD'S IMMUNE SYSTEM IN SUCH CIRCUMSTANCES WHERE THE FAMILY WOULD OTHERWISE NOT BE ABLE TO GIVE THE CHILD SUCH SUPPLEMENTS DUE TO FINANCIAL CONSTRAINTS BEING CONFRONTED BY THE FAMILY B IN 2017 A TOTAL OF 53 FAMILIES IN RBB RECEIVED FINANCIAL ASSISTANCE \$6,781 WAS DIRECTLY PAID TO FAMILIES AND TO THIRD PARTIES IN EMERGENCY SITUATIONS SEE PARAGRAPH 3(D), BELOW THESE FAMILIES REQUESTED ASSISTANCE FROM OUR EMERGENCY GRANT FUND, WHICH HELPS RBB FAMILIES IN CRITICAL SITUATIONS WHERE UTILITY SERVICE, RENT, OR OTHER IMPORTANT BILLS REQUIRE PAYMENTS AN ADDITIONAL \$10,400 WAS PAID DIRECTLY TO RBB FAMILIES \$52,900 WAS GIVEN TO RBB FAMILIES IN THE FORM OF GIFT CARDS FOR USE AT WALMART AND SAM'S CLUB STORES ACROSS AMERICA \$1,594 WAS PAID BY MCF TO SUPPLY RBB FAMILIES WITH BACK TO SCHOOL SUPPLIES FROM FUNDS RECEIVED FROM A GRANT MENTIONED BELOW SEE PARAGRAPH 3(E), BELOW FROM MCF'S PSYCHOSOCIAL PROGRAM A \$4,000 GRANT WAS MADE TO SUPPORT CHILD LIFE SERVICES AT A NEW YORK CITY HOSPITAL, MAIMONIDES MEDICAL CENTER SEE PARAGRAPH 3(F), BELOW C AT THE BEGINNING OF 2017, MCF RECEIVED A GRANT FROM LOVE YOUR MELOON, AN APPAREL COMPANY, WHICH PROVIDED MCF WITH \$50,000 TO HELP RBB FAMILIES ACROSS THE NATION - SPECIFICALLY DIRECTED TO BOTH LOW INCOME AND FIRST RESPONDER FAMILIES THE LATTER INCLUDED U.S. ARMY SERVICE MEMBERS AND NYPD DETECTIVES LOVE YOUR MELOON ALSO PROVIDED THEIR SIGNATURE KNIT HATS TO CHILDREN</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| SCHEDULE I | <p>IN THE PROGRAM IN PRIOR YEARS THE PROGRAM HAS BEEN SUPPORTED BY ORGANIZATIONS SUCH AS THE PNC FOUNDATION AND THE RICHARD S REYNOLDS FOUNDATION FURTHER, ALEX BRAND TOYS HAS BECOME THE ROAR BEYOND BARRIERS "AMBASSADOR OF PLAY" TO PROVIDE FAMILIES WITH AGE APPROPRIATE TOYS KRAFTLOVE, A 501(C)(3) NONPROFIT, PROVIDES MCF WITH ARTS AND CRAFT BOXES TO SEND TO CHILDREN IN ACTIVE CANCER TREATMENT SINCE 2014 BERKLEY GREEN HAS PROVIDED BABY-SAFE AND ENVIRONMENTALLY FRIENDLY CLEANING SUPPLIES TO FAMILIES IN THE RBB PROGRAM D DURING 2017, TWO RBB FAMILIES RECEIVED EMERGENCY FINANCIAL ASSISTANCE IN THE FORM OF EMERGENCY GRANTS IN THE SUM OF \$1,050 ON BEHALF OF ONE FAMILY, MCF PAID \$5,731.02 IN LEGAL FEES RELATED TO THE ADOPTION OF A TERMINALLY ILL CHILD IN THE PROGRAM THE SUM OF MONIES PAID ON BEHALF OF THESE THREE FAMILIES TOTALED \$6,781 SEE PARAGRAPH 3 (B), ABOVE E IN 2017, MCF USED FUNDS RECEIVED FROM LOVE YOUR MELON, MENTIONED ABOVE, TO SUPPLY FAMILIES IN THE PROGRAM WITH SCHOOL SUPPLIES FOR THE CHILD IN ACTIVE TREATMENT AS WELL AS HIS OR HER SCHOOL AGE SIBLINGS 71 BACKPACKS WERE FILLED WITH AGE APPROPRIATE SCHOOL SUPPLIES AND SHIPPED TO FAMILIES, AND THE TOTAL COST TO SUPPLY THESE FAMILIES WAS \$1,594 SEE PARAGRAPH 3(B), ABOVE F AS PART OF THE FUNDS RECEIVED FROM LOVE YOUR MELON IN 2017, \$4,000 WAS GRANTED TO MAIMONIDES MEDICAL CENTER IN BROOKLYN, NEW YORK CITY TO SUPPORT CONTINUED OPERATION OF CHILD LIFE SERVICES AT THE HOSPITAL AFTER THE HOSPITAL WAS FORCED TO ELIMINATE NEARLY ALL CHILD LIFE SERVICES AFTER NECESSARY BUDGET CUTS SEE PARAGRAPH 3(B), ABOVE G IN 2013, MCF FORMED THE ANGELS FUND AS PART OF ITS ROAR BEYOND BARRIERS PROGRAM THE PURPOSE OF THE ANGELS FUND IS TO CONTRIBUTE UP TO \$500 TOWARDS THE FUNERAL EXPENSES OF CHILDREN IN THE ROAR BEYOND BARRIERS PROGRAM WHO PASS AWAY FROM THE DISEASE IN 2017, NO FAMILIES REQUESTED OR WERE GIVEN THE ASSISTANCE OF THE ANGEL'S FUND 4 IN 2017, AS IN ALL PRIOR YEARS SINCE FORMATION OF THE FOUNDATION IN 2008, RICHARD PLOTKIN, A MEMBER OF THE PLOTKIN FAMILY WHO PERFORMS SUBSTANTIAL SERVICES FOR THE FOUNDATION AS VICE CHAIRMAN AND CHIEF FINANCIAL OFFICER, DOES NOT RECEIVE A SALARY OR ANY OTHER COMPENSATION FROM THE FOUNDATION IN 2017, HE DONATED \$109,099 TO THE FOUNDATION FOR ITS GENERAL UNRESTRICTED USE IN ADDITION, A SUBSTANTIAL AMOUNT OF COSTS WHICH BENEFITED THE FOUNDATION WERE DIRECTLY PAID BY RICHARD FOR WHICH HE WAS NOT REIMBURSED BY THE FOUNDATION 5 IN 2015, WHICH APPLIED TO 2017 TOO, THE FOUNDATION ADOPTED A PLAN WHEREBY MEMBERS OF THE BOARD WERE REQUIRED TO DONATE DIRECTLY OR INDIRECTLY \$10,000 ANNUALLY TO THE FOUNDATION EXEMPTIONS EXIST WHERE BOARD MEMBERS PROVIDED THEIR SERVICES IN LIEU OF CASH PAYMENTS MONIES SO DONATED ARE CONTRIBUTED FOR THE FOUNDATION'S UNRESTRICTED USE UNLESS A DIRECTOR ADVISES OTHERWISE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| SCHEDULE I | <p>6 MAX CURE FOUNDATION'S JONATHAN AGIN, EXECUTIVE DIRECTOR, AND RICHARD PLOTKIN, VICE CHAIRMAN AND CO-FOUNDER, HAVE BEEN OVER THE LAST SEVERAL YEARS AND CONTINUE TO BE AMONG THE NATION'S LEADING ADVOCATES FOR CHILDREN WITH CANCER. IN 2014, MCF OFFICIALLY ADDED ADVOCACY TO ITS MISSION TO ADVANCE THE CAUSE OF CHILDHOOD CANCERS. MCF HAS BEEN IN THE FOREFRONT OF THE CHILDHOOD CANCER ADVOCACY COMMUNITY SINCE 2011 BY RELENTLESSLY PURSUING LEGISLATION AND REGULATORY CHANGES THAT SEEK TO BENEFIT CHILDREN DIAGNOSED WITH CANCER AND AT THE SAME TIME, TO RAISE AWARENESS GENERALLY OF ISSUES APPLICABLE TO CHILDHOOD CANCER. A OF PARTICULAR SIGNIFICANCE IN 2014 WAS THE CASE OF JOSH HARDY. JOSH HAD EXPERIENCED FOUR BOUTS OF KIDNEY CANCER FROM THE AGE OF 9 MONTHS AND IN JANUARY 2014 AT THE AGE OF 7, HAD A BONE MARROW TRANSPLANT WHICH RESULTED IN HIS BEING DIAGNOSED IN MID-FEBRUARY WITH A LIFE THREATENING ADENOVIRUS GIVEN THAT HIS IMMUNE SYSTEM WAS TOTALLY COMPROMISED. THE AVAILABLE MEDICATIONS WHICH HAD BEEN APPROVED BY THE FDA AND WHICH WERE USED IN JOSH'S TREATMENT WERE NOT WORKING AND AS OF MARCH 7, 2014, HE WAS GIVEN TWO WEEKS TO LIVE UNLESS, ACCORDING TO HIS TREATING DOCTORS, HE WAS GIVEN AN EXPERIMENTAL DRUG KNOWN AS BRINCIDOFIVIR WHICH WAS MANUFACTURED BY CHIMERIX, A BIO TECH FIRM IN NORTH CAROLINA. B CHIMERIX DECLINED THE REQUEST BY JOSH'S TREATING DOCTORS TO GIVE JOSH THE DRUG CONSISTENT WITH ITS HAVING DECLINED SINCE 2012 OVER 300 PRIOR REQUESTS FOR THE DRUG BY TERMINALLY AND SERIOUSLY ILL PATIENTS. MCF AGREED ON MARCH 7, 2014, TO ATTEMPT TO GET THE DRUG FOR JOSH WHICH HOPEFULLY WOULD SAVE HIS LIFE. C ULTIMATELY, DUE PRIMARILY TO THE EFFORTS OF MCF, JOSH ON MARCH 12, 2014 RECEIVED THE DRUG WHICH IS CREDITED WITH SAVING HIS LIFE. WHEN THE FORMER CEO OF CHIMERIX IS ASKED WHAT DISTINGUISHED JOSH HARDY FROM THE OVER 300 REQUESTS BY SERIOUSLY AND TERMINALLY ILL PATIENTS THAT THE COMPANY DECLINED, HE ADVISED THAT HE ANSWERS IN TWO WORDS, REFERRING TO THE FOUNDATION'S VICE-CHAIRMAN, "RICHARD PLOTKIN." JOSH'S HEALTH CONTINUED TO IMPROVE OVER THE 2.5 YEARS FOLLOWING HIS BEING GIVEN THE DRUG. JOSH, AT AGE 10, DIED ON SEPTEMBER 22, 2016 FROM COMPLICATIONS CAUSED BY THE CANCER HE HAD BATTLED SINCE HE WAS 9 MONTHS OLD. D IN AN ARTICLE APPEARING IN THE BOSTON GLOBE MAGAZINE ON JULY 19, 2015 BY SYLVIA PAGAN WESTPHAL TITLED, "SICK KIDS, DESPERATE PARENTS, AND THE BATTLE FOR EXPERIMENTAL DRUGS," THE AUTHOR, WITH REFERENCE TO THE EVENTS WHICH LED TO THE SAVING OF JOSH'S LIFE, SAID "THE FAMILY WAS INTRODUCED TO RICHARD PLOTKIN, [CHARACTERIZED IN THE ARTICLE AS "AN AGGRESSIVE PATIENT ADVOCATE WHO MASTERFULLY CHOREOGRAPHED A PR SIEGE AGAINST THE COMPANY"], A FORMER LITIGATION LAWYER WHO HEADS THE MAX CURE FOUNDATION, WHICH HE FOUNDED AFTER HIS GRANDSON WAS DIAGNOSED WITH LYMPHOMA. WITH THE SAME RELENTLESS ENERGY ONCE DEPLOYED IN THE COURTROOM, PLOTKIN PLUNGED HEADLONG INTO THE HARDY CAUSE, DIRECTING ITS PR CAMPAIGN." SEE ALSO AN ARTICLE IN THE JUNE, 2016, ISSUE OF HARPER</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| SCHEDULE I | <p>'S MAGAZINE ENTITLED, "HASHTAG PRESCRIPTION, THE HIDDEN COST OF CROWD-SOURCING A CURE" WHICH DISCUSSES RICHARD'S ROLE IN THIS SEMINAL CASE INVOLVING JOSH HARDY THE EXPERIMENTAL DRUG, AS NOTED, CURED THE ADENOVIRUS AFFLICTING JOSH SADLY, HOWEVER, AS NOTED, ON SEPTEMBER 22, 2016, JOSH, AT AGE 10, SUCCEDED TO THE CANCER THAT HAD AFFLICTED HIM FOR HIS ENTIRE LIFE IN 2014, MCF'S VICE PRESIDENT, RICHARD PLOTKIN, WAS APPOINTED TO AN ADVOCACY COMMITTEE DEALING WITH THE WHITE HOUSE ON ISSUES RELATING TO PEDIATRIC CANCERS HE HAS ALSO BEEN INTERVIEWED ON NATIONAL PUBLIC RADIO (NPR) AND ON CBS RADIO REGARDING HIS ROLE IN THE JOSH HARDY MATTER IN ADDITION, RICHARD HAS BEEN INVITED TO PARTICIPATE IN PANEL DISCUSSIONS AT VARIOUS INDUSTRY CONFERENCES AND HAS BEEN A FEATURED SPEAKER AT OTHER TIMES TO VARIOUS AUDIENCES, ALL OF WHICH DEALT WITH HIS EFFORTS TO SAVE THE LIFE OF JOSH HARDY AND HOW HIS EFFORTS WERE SUCCESSFUL WHEN THOSE REQUESTS FROM OVER 300 PRIOR PATIENTS' REQUESTS FOR BRINCIDOFIVIR WERE DENIED THIS INCLUDED A PRESENTATION IN FEBRUARY 2015 AT HARVARD MEDICAL SCHOOL WHERE HE SPOKE ON THE ISSUE OF THE LEGAL AND ETHICAL ISSUES ARISING OUT OF THE JOSH HARDY MATTER RICHARD WAS APPOINTED IN JULY 2014 AS THE NATIONAL PEDIATRIC CANCER ADVOCATE ON A COMMITTEE FORMED BY NYU LANGONE MEDICAL CENTER, DEPARTMENT OF ETHICS, TO DETERMINE, AS A RESULT OF THE JOSH HARDY MATTER, IF THE RULES AND REGULATIONS ESTABLISHED BY THE FDA TO ALLOW DRUG MANUFACTURERS TO DISPENSE UNAPPROVED DRUGS TO TERMINALLY AND SERIOUSLY ILL PATIENTS UNDER WHAT IS KNOWN AS EXPANDED ACCESS/COMPASSIONATE USE NEEDED TO BE REVISED RICHARD IS ALSO A MEMBER OF THE ADVISORY COUNCIL FORMED BY ANOTHER FOUNDATION THAT ESTABLISHED A NAVIGATION SYSTEM FOR FAMILIES TO ATTEMPT TO OBTAIN EXPERIMENTAL DRUGS FOR THEIR TERMINALLY ILL CHILDREN, AMONG OTHER PATIENTS DURING THE LAST QUARTER OF 2014, RICHARD WAS CONSULTED BY CONGRESSMAN MICHAEL MCCAUL IN CONNECTION WITH LEGISLATION CONGRESSMAN MCCAUL WOULD BE PROPOSING TO CONGRESS DEALING WITH THE EXPANDED ACCESS/COMPASSIONATE USE ISSUES ARISING OUT OF THE JOSH HARDY MATTER THAT LEGISLATION, SPONSORED BY CONGRESSMAN MCCAUL, WAS INCLUDED IN 21ST CENTURY CURES ACT AND THE STAR ACT, THE FORMER OF WHICH WAS SIGNED INTO LAW ON DECEMBER 13, 2016 RICHARD HAS ALSO BEEN CONSULTED BY THE GOVERNMENT ACCOUNTABILITY OFFICE (GAO) WITH RESPECT TO A STUDY BEING DONE FOR CONGRESS RELATIVE TO THE DISPENSING OF EXPERIMENTAL DRUGS TO TERMINALLY ILL AND SERIOUSLY ILL PATIENTS MOREOVER, IN EARLY 2014, PRIOR TO MCF'S INVOLVEMENT WITH JOSH HARDY, MCF (THROUGH RICHARD PLOTKIN) WAS CREDITED WITH OBTAINING FROM THE FDA THE FIRST EVER COMPASSIONATE USE WAIVER FOR A COMBINATION DRUG THERAPY FOR A CHILD WITH CANCER IN THE FORM OF AN UNAPPROVED DRUG TO BE COMBINED WITH TWO APPROVED DRUGS DESPITE MCF'S EFFORTS HERE, THE CHILD PASSED AWAY FROM HIS CANCER THE SAME DAY, MARCH 12, 2014, THAT JOSH HARDY WAS GIVEN THE LIFE - SAVING DRUG, BRINCIDOFIVIR THIS DEMONSTRATES THE "HILLS AND VALLEY"</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| SCHEDULE I | <p>EYS" EXPERIENCED BY MCF IN ITS EFFORTS TO SAVE THE LIVES OF CHILDREN WITH CANCER JONATHAN AGIN, AN ATTORNEY, JOINED THE MCF TEAM IN 2015 AS EXECUTIVE DIRECTOR JONATHAN HAS BEEN A LEADING ADVOCATE FOR PEDIATRIC CANCER CAUSES SINCE THE DEATH IN JANUARY 2011 OF HIS FOUR YEAR OLD DAUGHTER, ALEXIS, TO A RARE FORM OF CHILDHOOD CANCER JONATHAN'S ADVOCACY WORK HAS ENCOMPASSED MANY FACETS OF THE FIGHT AGAINST CHILDHOOD CANCER HIS LEGISLATIVE ADVOCACY HAS PROVEN EFFECTIVE IN THE PASSAGE OF SEVERAL BILLS IN A CLIMATE OF CONGRESSIONAL STAGNATION ALONG THE WAY, FOLLOWING ALEXIS' DEATH, JONATHAN BEGAN TO WRITE AND SPEAK ON ISSUES IMPACTING THE CHILDHOOD CANCER COMMUNITY JONATHAN FREQUENTLY INTERACTS WITH MEMBERS OF CONGRESS AND THEIR STAFF, THE WHITE HOUSE, AS WELL AS VARIOUS REGULATORY AGENCIES AND OTHER CANCER FOUNDATIONS IN AN EFFORT TO IMPROVE THE PLIGHT OF CHILDREN WITH CANCER A FREQUENT CONTRIBUTOR TO THE HUFFINGTON POST, EDITOR FOR THE CANADIAN ONCOLOGY JOURNAL KNOWN AS THE CANCER KNOWLEDGE NETWORK AND AS A GUEST WRITER IN OTHER MEDIA OUTLETS, JONATHAN HAS QUICKLY BECOME ONE OF THE MOST TRUSTED VOICES IN THE CHILDHOOD CANCER COMMUNITY JONATHAN SITS ON THE NATIONAL CANCER INSTITUTE BRAIN MALIGNANCY STEERING COMMITTEE AS ONE OF TWO PATIENT ADVOCATES ASSESSING PHASE II AND PHASE III PEDIATRIC AND ADULT CLINICAL TRIALS IN 2017, RICHARD AND JONATHAN WERE ACTIVELY INVOLVED IN OPPOSING ON THE FEDERAL LEVEL BEFORE CONGRESS (BOTH IN THE SENATE AND IN THE HOUSE OF REPRESENTATIVES) WHAT IS KNOWN AS THE RIGHT TO TRY LAW RIGHT TO TRY LAWS HAD BEEN PASSED IN 38 STATES AT THE URGING OF THE GOLDWATER INSTITUTE, A LIBERTARIAN PUBLIC POLICY THINK TANK RICHARD AND JONATHAN ARGUED THE LAW WAS NOT NECESSARY AND INDEED, HARMFUL TO TERMINALLY ILL CHILDREN AND THEIR FAMILIES THEY ARGUE THAT, AMONG OTHER THINGS, TO REMOVE THE FDA FROM THE APPROVAL PROCESS IN DELIVERING INVESTIGATIONAL DRUGS (DRUGS NOT APPROVED BY THE FDA) TO TERMINALLY ILL PATIENTS, INCLUDING TERMINALLY ILL CHILDREN WITH CANCER, WOULD BE A GROSS MISTAKE RICHARD PUBLISHED TWO ARTICLES IN THE HILL COM, THE FIRST IN OPPOSITION TO SENATE BILL (S 204) WHICH PASSED THE SENATE IN 2017 AND THE SECOND IN OPPOSITION TO THE HOUSE BILL (H R 5247) WHICH WAS PENDING AS OF THE END OF 2017 AND WAS VOTED ON BY THE HOUSE IN 2018 SEE "RIGHT TO TRY IS A SHAM" [HTTP://THEHILL.COM/BLOGS/CONGRESS-BLOG/HEALTHCARE/319171-RIGHT-TO-TRY- AND "RIGHT TO TRY" CONTINUES TO BE A SHAM"[HTTP://THEHILL.COM/OPINION/HEALTHCARE/377989-RIGHT-TO-TRY-CONTINUED BY RICHARD PLOTKIN ON FEBRUARY 17, 2017 AND MARCH 12, 2018, RESPECTIVELY JONATHAN LIKewise PUBLISHED AN ARTICLE IN OPPOSITION TO H R 5247 TITLED "RIGHT TO TRY A SIGNIFICANT SETBACK TO DRUG DEVELOPMENT FOR CHILDHOOD CANCER" [HTTPS://CANCERKN.COM/RIGHT-TRY-SIGNIFICANT-SETBACK-DRUG-DEVELOPMENT-CH ON MARCH 13, 2018 IN THE CANCER KNOWLEDGE NETWORK</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| SCHEDULE I | 7 MCF RECEIVED \$169,500 IN 2017 IN SETTLEMENT OF A LAWSUIT AND IS EXPECTED TO RECEIVE IN THE FUTURE AS PART OF THAT SETTLEMENT, BY WAY OF INSTALLMENT PAYMENTS OVER TIME, AN ADDITIONAL \$90,500 THOSE FUTURE PAYMENTS ARE TO BE MADE FROM JANUARY 1, 2018 THROUGH OCTOBER 2022 AS PART OF THE SETTLEMENT, RICHARD PLOTKIN, WHO WAS ALSO A PLAINTIFF IN THE LAWSUIT, RECEIVED THE SUM OF \$22,539 10 WHICH COMPENSATED HIM FOR A PORTION OF THE DAMAGES HE INCURRED RELATIVE TO THE CLAIMS IN THE LAWSUIT THAT PAYMENT, WITH THE APPROVAL OF THE BOARD OF DIRECTORS, WAS MADE TO RICHARD BY MCF FROM THE \$169,500 RECEIVED IN 2017 MR PLOTKIN, AS PART OF THE SETTLEMENT, WILL RECEIVE FROM MCF 20% OF THE FUTURE PAYMENTS AS THEY ARE RECEIVED BY MCF |