2949115308613 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public

Department of the Treasury Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information Internal Revenue Service For calendar year 2017 or tax year beginning 2017, and ending A Employer identification number 42-1564194 ALPHAMED CANCER FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (919) 402-8750 3920 DOVER ROAD City or town state or province country and ZIP or foreign postal code If exemption application is pending check here DUFFAM, NC 27707 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations check here Amended return Final return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation OU H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminale Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A) check here J Accounting method | ' Cash Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B) | check here 3,352,506 (Part I column (d) must be on cash basis ) 16) **► \$** (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable total of amounts in columns (b) (c) and (d) (b) Net investment (c) Adjusted net expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions) ) 661,064 Contributions gifts grants etc. received (attach schedule) if the foundation is not required to attach Sch. B. 2 Check -252 252 ATCH 1 3 Interest on savings and temporary cash investments 77.508 77,508 ATCH 2 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 146,197 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,110,380 146,197 Capital gain net income (from Part IV line 2) RECEIVED Net short-term capital gain Income modifications 10 a MAY 1 8 2018 Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) OGDEN. UT 11 Other income (attach schedule) 885,021 223,957 12 Total Add lines 1 through 11 13 Compensation of officers directors trustees etc Expenses 14 Other employee salaries and wages 15 Pension plans employee benefits 16a Legal fees (attach schedule) 10,523 10,523 **b** Accounting fees (attach schedule) ATCH 3 Administrative 16,634 16,634 c Other professional fees (attach schedule) [4] 17 1,907 1,092 18 Taxes (attach schedule) (see instructions) [5] 19 Depreciation (attach schedule) and depletion 20 Occupancy and 21 Travel conferences and meetings 22 Printing and publications Operating 22 Ĭ05 105 Other expenses (attach schedule) ATCH 6 Total operating and administrative expenses 25 Com.

26 Total expenses ...

27 Subtract line 26 from .

a Excess of revenue over expenses and ...

b Net investment income (if negative enter -0)

C Adjusted net income (if negative enter -0)

For Paperwork Reduction Act Notice, see instructions

1000 1014 TM 2098 5/7/2018 2 5/ 29,169 10,523 17,831 115,000 115,000 144,169 17,831 Ō 125,523 740,852 206,126

2 54 16 PM V 17-4 6F 61179387

, D ( II	. Dalamas Chaete	Attached schedules and amounts in the	Beginning of year	End o	<u> </u>
Part II	parance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing	131,099.	83,700.	83,700.
		cash investments			
		btful accounts ▶			
1	_	btful accounts ▶	j		
1					
1 -		officers, directors, trustees, and other			
1		tach schedule) (see instructions)			1
	,	receivable (attach schedule)			
		abtful accounts ▶			
1		Se			
ΨΙ		leferred charges			
	•	te government obligations (attach schedule).			i
100		e stock (attach schedule)			
1		e bonds (attach schedule)			
11 C	Investments - land, building				
	and equipment basis Less accumulated depreci	·			
	(attach schedule)	-			
12 13	Investments - mortgage	loans	2,405,659.	3,193,082.	3,268,806
14	Land, buildings, and				
1	equipment basis Less accumulated deprecia	ation			
		)			,
15 16	Tetal assets (describe i	completed by all filers - see the			
		page 1, item I)	2,536,758.	3,276,782.	3,352,506
		accrued expenses			
18					
19					
<b>=</b>  20	· ·	ors, trustees, and other disqualified persons			
19 20 21 22		otes payable (attach schedule)			
<b>-</b>  22	Other liabilities (describ	e ▶)		·	
	Total Habilities (add ha	on 17 through 22)	0.	0.	
23		es 17 through 22)		··	
<sub>ω</sub>	Foundations that follo	w SFAS 117, check here ► L			
Ses					
E 24					•
ල 25 ක					1
일 26		· · · · · · · · · · · · · · · · · · ·			1
Net Assets or Fund Balance		ot follow SFAS 117, check here ► X			
5	and complete lines 27				
<u>o</u> 27		ncipal, or current funds			1
(i) 28		or land, bldg , and equipment fund	2,536,758.	3,276,782.	†
S 29		nulated income, endowment, or other funds	2,536,758.	3,276,782.	†
ə 30		d balances (see instructions)	2,330,730.	3,210,102.	†
<b>Z</b> 31		net assets/fund balances (see	2,536,758.	3,276,782.	
				3,270,702.	<u> </u>
Part I	Analysis of Cha	anges in Net Assets or Fund Bala	nces	vuot agrae vuth	T
		balances at beginning of year - Part			2,536,758
		ed on prior year's return)			740,852
		1, line 27a			- 140,032
		ıded ın lıne 2 (ıtemıze) ▶			3,277,610
		Amout 0			3,277,610
5 Dec	creases not included	ın line 2 (itemize) ► ATCH 8	L 5) D (H 1 2	5	3,276,782
6 Tot	al net assets or fund	balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 <u> 6 </u>	3,210,102

(a) List and des	and Losses for Tax on Inve	estment income			
2-story bri			/ <b>5</b> \\\.	r	
ann name in acum	cribe the kind(s) of property sold (for each other state) ick warehouse, or common stock, 200		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
POPE BAKE IN SCHEP		SIIS WILC CO)	D - Donation		(1110 ; day; yr )
-	OLE		<del> </del>		<del></del>
b					
<u>:</u>			<del> </del>		~~
<u>d</u>					
<u> </u>	(D Depression allowed	(g) Cost or other basis		(b) Com or (lo	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	<del></del> _				
b c					
d					
9					
Complete only for assets sh	nowing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	còĺ	(k), but not less to Losses (from co	
a					
b					
C					
d					
e					
Capital gain net income of	or (not capital loss)	aın, also enter ın Part I, lıne 7			
-	<b>(</b> II (10	oss), enter -0- in Part I, line 7	2		146,197.
	ain or (loss) as defined in sections	•			
_		structions If (loss), enter -0- in $\}$			0
		duced Tax on Net Investment I	3		0.
	he section 4942 tax on the distrib	e section 4940(a) tax on net invest outable amount of any year in the b		_	Yes X N
is the foundation liable for t Yes," the foundation doesn'	the section 4942 tax on the distrib t qualify under section 4940(e)	outable amount of any year in the b	ase perio	d?	Yes X N
rs the foundation liable for t Yes," the foundation doesn' Enter the appropriate am	the section 4942 tax on the distrib It qualify under section 4940(e) Enount in each column for each yeach	outable amount of any year in the b Do not complete this part ar, see the instructions before mak (c)	ase perio	d?	
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Рaг	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			0.0	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,1	23.	
	here  and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4,1	23	
3	Add lines 1 and 2		4,1	0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4,1		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		-1/-		
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
b	Exempt foreign organizations - tax withheld at source		,		
C	Tax paid with application for extension of time to like (1 of 11 octob)				
d	Backup withholding erroneously withheir		2,0	00.	
7	Total credits and payments. Add lines of through od				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		2,1	23.	
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
10 11	Enter the amount of line 10 to be Credited to 2018 estimated tax   Refunded   11				
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
14	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1	Ì		
_	instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	.			
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	.			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$	. 1			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	. 1			
	on foundation managers > \$	,		Х	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2			
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3	İ	Х	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X	
_	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				
b	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X	
5	If "Yes," attach the statement required by General Instruction T				
^	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		İ	İ	
6	By language in the governing instrument, or			<b> </b> ,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		
8a	The state of the femalest of the second of t				
	NC,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1 17		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				9
	4942(J)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			X	0
	complete Part XIV	9		<u> </u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X	
	names and addresses	10			

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? Form 990-PF (2017)

3**b** 

4b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its Χ

Х

Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a ,	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n,	ļ		
	directly or indirectly, any voter registration drive?			. Yes X No	,		•
	(3) Provide a grant to an individual for travel, study, or of	ther similar purposes?		. Yes X No	, )		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described in	n			
	section 4945(d)(4)(A)? See instructions			Yes X No	,		i
	(5) Provide for any purpose other than religious, ch					ļ	
	purposes, or for the prevention of cruelty to children				, ]		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	,		
	Regulations section 53 4945 or in a current notice regard						
	Organizations relying on a current notice regarding disas	ster assistance, check	here	N/A ▶			
c	If the answer is "Yes" to question 5a(4), does the				_		•
-	because it maintained expenditure responsibility for the g				, )		
	If "Yes," attach the statement required by Regulations se						
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ns	1		i
	on a personal benefit contract?	' <del>-</del>			,		
ь	Did the foundation, during the year, pay premiums, dire			. — —	6b	ĺ	X
-	If "Yes" to 6b. file Form 8870	<b>,</b> ,	,				
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X No	,		
	If "Yes," did the foundation receive any proceeds or have	•			7b	i i	
	t VIII Information About Officers, Director						
1	and Contractors List all officers, directors, trustees, foundation n	annegate and their	Loompooding Cod	instructions			
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens		ınt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
ATC	Н 9		0.	0.			0.
			-				
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instructi	ons). If n	one,	enter
	"NONE."	<del></del>		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average   hours per week	(c) Compensation	employee benefit	(e) Expens		
		devoted to position		plans and deferred compensation	other all	owance	:s 
	NONE		<del></del>				
		1					
							_
Γota	number of other employees paid over \$50,000.	<u> </u>	<u> </u>	<b>.</b>			
					Form 991	n-PF	(2017)

$\overline{}$	VIIII Information About Officers, Directors, Trustees, For and Contractors (continued)	andation managers, riiginy raid Employ	/ CCS,
3	Five highest-paid independent contractors for professional ser	vices. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	OVE		
N	ONE		
	<del></del>		
4.1	050,000 (		
	number of others receiving over \$50,000 for professional services	······	
art	X-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include nizations and other beneficianes served, conferences convened, research papers produces.		Expenses
1 N	/A		·
_			
			·
2			
<sub>3</sub> —			
<b>-</b>			
4			<del></del>
		. <u> </u>	
	V.B. C	atrustians)	
	X-B Summary of Program-Related Investments (see in cribe the two largest program-related investments made by the foundation during the time.		Amount
	ONE	ax your off info y and I	
_			
2			
All of	ther program-related investments. See instructions		
	IONE		
_			
otal.	Add lines 1 through 3		

Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	2,643,382.
b	Average of monthly cash balances	1b	80,187.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,723,569.
е		, ,	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,723,569.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	40,854.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,682,715.
6	Minimum investment return. Enter 5% of line 5	6	134,136.
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations, check here ▶ and do not complete this part )	ndations	
1	Minimum investment return from Part X, line 6	1	134,136.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 4,123.		
b		]	
С		2c	4,123.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	130,013.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	130,013.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	130,013.
=	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.	105 500
a	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1a	125,523.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	105 500
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	125,523.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		^
_	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		125,523.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated qualifies for the section 4940(e) reduction of tax in those years	alculating	whether the foundation

Page 9

art XIII Undistributed Income (see instruc	(a) Corpus	(b) Years prior to 2016	( <b>c)</b> 2016	(d) 2017
Distributable amount for 2017 from Part XI,	Corpus	Tears prior to 2010		130,013.
line 7				
Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				<del></del>
<b>b</b> Total for prior years 20 15 ,20 14 ,20 13				
Excess distributions carryover, if any, to 2017				
a From 2012				
<b>a</b> From 2012				
c From 2014				1
d From 2015				
e From 2016 142,469.	507,781.			
f Total of lines 3a through e	307,701.			<u> </u>
Qualifying distributions for 2017 from Part XII,				
line 4 ▶ \$125,523.				
a Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years				
(Election required - see instructions)				
c Treated as distributions out of corpus (Election				Ì
required - see instructions)	<del> </del>	<del> </del>		125,523
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus	4,490.			4,490
5 Excess distributions carryover applied to 2017	4,450.			
(If an amount appears in column (d), the same amount must be shown in column (a))		}		
6 Enter the net total of each column as				
indicated below:	503,291.	[		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	303,231.	<del>                                     </del>		
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b	<u>, , , , , , , , , , , , , , , , , , , </u>			
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions e Undistributed income for 2016 Subtract line				
4a from line 2a Taxable amount - see			_	
instructions				
f Undistributed income for 2017 Subtract lines		}		
4d and 5 from line 1 This amount must be				
distributed in 2018				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	70 <b>,</b> 899			
			-	/
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	432,392			
10 Analysis of line 9 77, 349.		<u> </u>		
68,834.	,			
143.740.				
c Excess from 2015 d Excess from 2016 142, 469 .		,		
e Excess from 2017	1	1		Form <b>990-PF</b> (2

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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Form 990-PF (2017)				Page 1 1
Part XV 'Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ring the Year or App	roved for Fu	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year		1		<del></del>
• •		1 1		
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		1		
Total			▶ 3a	115,000.
<b>b</b> Approved for future payment	<u> </u>			<del></del>
2 Appresed for Addition paymoni				
NONE		1		
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JSA 7E1491 1 000 Form 990-PF (2017)

Part XVI-A Analysis of Income-Prod	ucing Act	ivities	1		
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
С					· · · · · · · · · · · · · · · · · · ·
d					
e					
f					
g Fees and contracts from government agencies			<del> </del>		
2 Membership dues and assessments			14	252.	
3 Interest on savings and temporary cash investments -			14	77,508.	
4 Dividends and interest from securities			T -	77,300.	
5 Net rental income or (loss) from real estate	_				
a Debt-financed property			<del> </del>		
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	146,197.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					<del></del>
c			<del></del>		
d					
e				223,957.	
12 Subtotal Add columns (b), (d), and (e)				1	223,957.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calci					22073071
Part XVI-B Relationship of Activities		ccomplishment of E	xempt Pur	poses	
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purposes	s) (See instructions )
	<del>-</del> -			· · · · · · · · · · · · · · · · · · ·	<del></del>
			<del>-:</del>	<del></del>	-
					·. · · · ·
					·····
				•	
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JSA 7E1492 1 000

Part XVII	Information Regarding	Transfers t	to and	Transactions	and	Relations	hips	With	Nonch	aritable
	<b>Exempt Organizations</b>									

			engage in any of the follow					Yes	No
	, , ,	her than section	501(c)(3) organizations) of	r in section	n 527, relating	to political			
-	ganizations?						, [		
	· · · · · · · · · · · · · · · · · · ·	-	a noncharitable exempt org						Х
							1 !		$\frac{X}{X}$
	Other assets	• • • • • • • • • • • • • • • • • • • •					1a(2)		
		a noncharitable exen	npt organization				1b(1)		X
			ble exempt organization						X
(3)	Rental of facilities, e	equipment, or other	assets				1b(3)	Ĺ	X
(4)	Reimbursement arra	angements					1b(4)		<u>X</u>
(5)	Loans or loan guara	intees			<i></i>		1b(5)		X
			ip or fundraising solicitations						X
	· ·	•	s, other assets, or paid emp						X
			s," complete the following						
			ces given by the reporting						
			ement, show in column (d)						
(a) Line r		d (c) Name of n	oncharitable exempt organization	<del></del>	iption of transfers, tran	sactions, and shar	ing arra	ngeme	nts
	N/A			N/A					
				-					
				<del></del>					
						<del></del>			
		<del></del>							
						<del></del>			
de	scribed in section 50 'Yes," complete the f	11(c) (other than sec following schedule	iliated with, or related to, or section 501(c)(3)) or in section		· · · · · · · · · · · · · · · · · · ·	L		es X	No
	(a) Name of organi	zation	(b) Type of organization		(c) Desc	ription of relations	пр		
		———— <del> </del>							
						<del></del>			
			ned this return, including accompanying			est of my knowledg	e and t	elief, it	ıs true,
	correct, and complete Declara	ition of preparer (other than to	expayer) is based on all information of whi	ch preparer has any	y knowledge				
Sign	ANN MURPHY	John Tucke	- 1 N/AN 14, 2018	9 Doffici	ER	May the IRS			
Here	Signature of officer or trus	stee Market	Date	Title		with the pre		Yes	No
ļ	On No.	nhel	Bullo	***************************************		Gee man denom	<u>,                                    </u>		
	Print/Type preparer	rs name	Preparer's signature		Date	Chast Life F	PTIN		
Paid	JENNIFER D		Lingur WCh	izlenck	5/8/18	CIIECK 11 }	P003	9573	35
Prepar	rer	ERNST & YOUNG	<u> </u>	<del></del>	<del></del>				
Use O	T IIIII 3 Harrie		CIRCLE, SUITE 4000	<del></del>	Firm's	EIN PJE 05	,000		
Jae U	Firm's address     ►	INDIANAPOLIS,		462	0.4	no 317-68	31-7	იიი	
		THE THIRT OHIS	114		U4 Phone				(2017)
						FOI	550	<b>-</b> '' '	(2017)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME									
` Kınd of P				ription		or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)		
		TOTAL CAPIT	'AL GAIN DIS'	TRIBUTIONS			28,336.		
		PERSHING -	1094 PE: SECURIT	r F S		P	VAR	VAR	
61,638.		56,822.	FE. SECORII.	LES			4,819.		
		PERSHING - PROPERTY TY	1094 PE: SECURIT	[ES		Р	VAR	VAR	
934,437.		839,072.					96,658.		
			1094 PE: SECURIT	[ES		Р		VAR	
85,969.		69,585.					16,384.		
COTAL GAIN(LO	)SS)						146,197.		
}									
		,				\			
			,						
		l							

## Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization Employer identification number ALPHAMED CANCER FOUNDATION 42-1564194 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

JSA

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ALPHAMED CANCER FOUNDATION

Employer identification number 42-1564194

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
	Part	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DR. ANN A. MURPHY IRA - RMD  3920 DOVER ROAD  DURHAM, NC 27707	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	DR. MARTIN J MURPHY, JR. IRA - RMD  3920 DOVER ROAD  DURHAM, NC 27707	\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	DR. ANN A. MURPHY TRUST  3920 DOVER ROAD  DURHAM, NC 27707	\$\$ 250,208.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
4	DR. MARTIN J MURPHY, JR. TRUST  3920 DOVER ROAD  DURHAM, NC 27707	<b>\$ \$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

42-1564194

i) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	32,822 SHARES OF AMERICAN CENTURY VALUE FUND STOCK		
		\$\$.	10/09/2017
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	32,822 SHARES OF AMERICAN CENTURY VALUE FUND STOCK	_	
		\$\$.	10/10/2017
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 {	
		\ \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of organization ALPHAMED CANCER FOUNDATION

Employer identification number 42-1564194

	duplicate copies of Part III if additi	e year. (Enter this information on onal space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4 F	telationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	nd ZIP + 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	od ZIP + 4 F	Relationship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

# - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	6.	252.
REVENUE AND EXPENSES PER BOOKS	6.	252.
		TOTAL
DESCRIPTION	WELLS FARGO -4848 PERSHING, LLC -1094	

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FORM 990PF, PART I - DIVIDENDS		

	NET	INVESTMENT	INCOME
XEVENOE.	AND	EXPENSES	PER BOOKS
			DESCRIPTION

77,508.
77,508.
TOTAL

77,508.

77,508.

PERSHING, LLC -1094

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FEES	
ACCOUNTING	
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PART	
990PF,	
FORM	

CHARITABLE	10,523.	10,523.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	10,523.	10,523.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	NET	INVESTMENT	INCOME	
REVENUE	AND	EXPENSES	PER BOOKS	
			DESCRIPTION	

16,634.	
16,634.	

TOTALS

ADVISORY FEES

16,634.

16,634.

ATTACHMENT 4 . PAGE 25

ATTACHMENT 5

ALPHAMED CANCER FOUNDATION

- TAXES PART I FORM 990PE, REVENUE

EXPENSES PER BOOKS AND

INVESTMENT

INCOME

1,092.

815. 1,092.

TOTALS

EXCISE TAXES FOREIGN TAXES

DESCRIPTION

1,907.

1,092.

61179387

ATTACHMENT 6

.42-1564194

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

DESCRIPTION BANK FEES

105.

105.

105.

ATTACHMENT 6

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INVESTMENTS	
- OTHER	
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ENDING <u>FMV</u>	3,268,806.	3,268,806.
ENDING BOOK VALUE	3,193,082.	3, 193, 082.
BEGINNING BOOK VALUE	2,405,659.	2,405,659.
		TOTALS
DESCRIPTION	PERSHING, LLC -1094	

ATTACHMENT 7 PAGE 28

42-1564194

ATTACHMENT 8

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

DIVIDEND INCOME TIMING DIFFERENCE

828.

TOTAL

828.

GRAND TOTALS

ATTACHMENT 10

# FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DR. ANN A. MURPHY

DR. MARTIN J. MURPHY, JR.

FOUNDATION
CANCER
ALPHAMED

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

2017 FORM 990-PF

42-1564194

ATTACHMENT 11

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PAGE 32 ATTACHMENT 11

	RELAT	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	<u>ы</u>	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DUKE UNIVERSITY - DUKE COMPREHENSIVE CANCER CENTER 324 BLACKWELL ST, WASHINGTON BLDG 850 DURHAM, NC 27701	PC	IRC Section 509(a)(1)	SUPPORT FOR TEACHING, RESEARCH, SERVICE, AND PATIENT CARE	25,000
FOUNDATION FOR NATIONAL INSTITUTES OF HEALTH INC 9650 ROCKVILLE PIKE NO 3411 BETHESDA, MD 20814	PC	IRC Section 509(a)(1)	SUPPORT FOR MULTI-DISCIPLINARY MEDICAL RESEARCH	10,000
CONCERN WORLDWIDE-US 355 LEXINGTON AVE 19TH FLOOR NEW YORK, NY 10017	S	IRC Section 509(a)(1)	NUTRITION, EDUCATION AND DISEASE PREVENTION	10,000
THE EMILY KRZYZEWSKI FAMILY LIFE CENTER 904 WEST CHAPEL HILL ST DURHAM, NC 27701	PC	IRC Section 509(a)(1)	SUPPORT FOR THE EDUCATION AND DEVELOPMENT OF STUDENTS THROUGH "K TO COLLEGE"	2,000
MASSACHUSETTS GENERAL HOSPITAL CAMBRIDGE ST SUITE 600 BOSTON, MA 02114	S	IRC Section 509(a)(1)	SUPPORT FOR CLINICAL CARE AND MEDICAL RESEARCH	10,000.
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60601	2	TRC Section 509(a)(1)	SUPPORT FOR THE NIEHOFF SCHOOL OF NURSING	2, 000

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT SUPPORT FOR HEALTH EDUCATION, MEDICINES, CANCER RESEARCH AND TREATMENT CENTER PURPOSE OF GRANT OR CONTRIBUTION SUPPLIES, AND VOLUNTEERS RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT IRC Section 509(a)(1) IRC Section 509(a)(1) PC P<sub>C</sub> THE MEDICAL FOUNDATION OF NC INC - UNC LINEBERGER 880 MARTIN LUTHER KING JR BLVD RECIPIENT NAME AND ADDRESS CHAPEL HILL, NC 27514-2600 255 CARTER HALL LANE MILLWOOD, VA 22646 PROJECT HOPE PO BOX 5029

115,000 TOTAL CONTRIBUTIONS PAID

25,000

25,000

ATTACHMENT 11 (CONT'D)

PAGE 33 ATTACHMENT 11

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