Department of the Treasury

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.

to www.irs gov/Form990PF for instructions and the latest information

-			govi cimeren i ici ilisti						
		lendar year 2018 or tax year beginning	_	, 2018	, and end		, 20		
N		foundation	A Émployer identi						
	ALP	HAMED CANCER FOUNDATION				42-156419	94		
N	lumber	and street (or P O box number if mail is not delivered	to street address)		Room/suit	e B Telephone numi	ber (see instructions)		
				,					
	3920 DOVER ROAD						02-8750		
C	ity or t	own, state or province, country, and ZIP or foreign pos	tal code '		·				
		-	•	•		C if exemption applic			
••	DUR	HAM, NC 27707				pending, check her	e		
ē		ck all that apply Initial return	Initial return	of a former n	ublic cha	rity a			
		Final return	Amended re	•		D 1 Foreign organiz			
		Address change	Name chang			85% test, check	here and attach		
F	l Che	ck type of organization. X Section 501				computation .	▶ ⊔		
Ġ	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		Charles Or	1 1	on status was terminated		
٤			ounting method X C		rual		b)(1)(A) check here .		
'			· —	asii Acc	luai		s in a 60-month termination		
			Other (specify)			under section 507(b)(1)(8), check here . •		
•		7(1-311)	, column (d) must be on ca	isir basis)			(d) Disbursements		
ı	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) iteveride and	(b) Net inve	estment	(c) Adjusted net	for charitable		
		may not necessarily equal the amounts in	expenses per books	incom		income	purposes '(cash basis only)		
_		column (a) (see instructions))	344,163.	, 'x ₁ , x ₁ x ⁻ y ⁻¹ , v ²	_ ~ ~ de d*# .	The state of the s	1 '		
	1	Contributions, gifts, grants, etc., received (attach schedule) . Chook if the foundation is not required to	344,103.		CHEST CONTRACT	الله الله المراجع الله الله الله الله الله الله الله الل			
	2	check attach Sch B	868.	DOT LANGUE AND	868.				
	3	Interest on savings and temporary cash investments.	103,418.	10	3,418.		· 图《 1. 14 14 14 14 14 14 14 14 14 14 14 14 14		
	4	Dividends and interest from securities	103,410.	10	3,410.		The state of the s		
	5a	Gross rents	PPT-2079 CC AFT A YOU LUB 1, 17 made	# E = . X . T =	*****	n + thus, if it is the explaining			
	Ь	Net rental income or (loss)				The state of the s	A STATE OF THE STA		
9	6a b		98,128.		Mary Mary Mary 181				
Revenue		Gross sales price for all 1, 414, 711.	The second of th	**************************************		HE(FIVED		
ě	7	Capital gain net income (from Part IV, line 2) .	The Mark Control	9	8,128.				
Œ	8	Net short-term capital gain		·	(A)	18 WAY			
	9	Income modifications	A STATE OF THE STA	San	\$5%	IVIAT	10 2019		
	, va	and allowances	A TOTAL OF THE STATE OF THE STA	Transfer and a second	4,5000000000000000000000000000000000000	美国大 经工具产品的	S		
	ь	Less Cost of goods sold .	The second of th	And the second		TOGO.			
	С	Gross profit or (loss) (attach schedule)		沙勒烈的 体。	Light Light		TAKE UP A SAME		
	11	Other income (attach schedule)	<u> </u>						
_	12	Total. Add lines 1 through 11	546,577.	20	2,414.		東京教育のできた。		
,,	13	Compensation of officers, directors, trustees, etc \Box ,	0.				,		
Ses	14	Other employee salaries and wages \dots .			1				
en	15	Pension plans, employee benefits	1			<u> </u>			
X	16a	Legal fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·				2 255		
ELIZ Or	ь	Accounting fees (attach schedule) ATCH . 1 $$.	8,057.		0.056	, ,	8,057.		
Š	С	Other professional fees (attach schedule), [2]	20,256.	2	0,256.	•	· · · · · · · · · · · · · · · · · · ·		
ra	17	Interest		•			<u> </u>		
S	18	Taxes (attach schedule) (see instructions)[3].	. 7,846.	·	723.				
:=	19	Depreciation (attach schedule) and depletion.					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Þ	20	Occupancy							
7	21	Travel, conferences, and meetings					` '		
ğ	15 16 a b c 17 18 20 21 22 23 24 25	Printing and publications							
Ö	23	Other expenses (attach schedule) ATCH .4 .	125.		. 125.				
atie	24	Total operating and administrative expenses.			• -				
ě		Add lines 13 through 23	36,284.	2	1,104.		8,057.		
Ö	25	Contributions, gifts, grants paid	285,000.			· 其門都學是一個對於			
		Total expenses and disbursements Add lines 24 and 25	321,284.	2	1,104.	-0	. 293,057.		
Ē	26 27	Subtract line 26 from line 12		SERVE SERVE	Sange - A		11. 种种原产的原产的原产的		
U	a	Excess of revenue over expenses and disbursements	225,293.						
	Ь	Net investment income (If negative, enter -0-)	SECTION OF THE PROPERTY OF THE PARTY OF THE		1,310.	AND THE THERE	The Control of the Co		
	1	Adjusted net income (if negative, enter -0-)	"我想要我们是我们我们	THE PARTY OF THE P			7 174 17 17 N NO WALL		

JSA For Paperwork Reduction Act Notice, see instructions. 8E1410 1 000 1314 IM 2098. 5/4/2019 6:54:

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PAGE 2

Fo	orm 990-PF (2018) ALPHAMED CANCER FOUNDATION		42	2-1564194 Page 2	
Part II Balance Sheet		Attached schedules and amounts in the description column should be for end-of-year	. Beginning of year	End o	of year · ·
u	GI (I	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	83,700.	68,508.	68,508
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	萨西斯拉克公司的		
		Less allowance for doubtful accounts ▶		A STATE OF STATE OF THE STATE O	
	4	Pledges receivable ▶	可能翻译多位深域的	Charing the Charles	
	•	Less allowance for doubtful accounts ▶	THE STATE OF THE RESIDENCE OF THE PERSON OF	L. A. A. Market, The T. Market T. J. Market T. P. (19)	NAMES AND ASSOCIATIONS TO
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·	
	"	disqualified persons (attach schedule) (see instructions)			•
	7	Other rates and leave recoveries (ettech schools)	18. 88. 88. 87. 87. 87. 87. 88. 88. 88. 8	1458201300000000000000000000000000000000000	
	l ′	Other notes and loans receivable (attach schedule)	languaggangangan pera langun-gga anggang	BROWNE Ten a Provident saladistication	Cardy Survivation of Contract
G		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
SS	9	Prepaid expenses and deferred charges	l .		·
~	10a	Investments - U S and state government obligations (attach schedule), .			
	l	Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)	ا الله الله الله الله الله الله الله ال	तालक र महा तीको व गोवांको	TO STATE OF THE PROPERTY OF TH
	' '	Investments - land, buildings, and equipment basis	ALL THE POLICE OF THE PARTY OF THE		
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 5 Land, buildings, and	3,193,082.	3,432,777.	3,233,688
	14	equipment basis	militaria salatan salatini salatini		
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	$\textbf{Total} \ \ \textbf{assets} \ \ (\textbf{to} \ \ \textbf{be} \ \ \textbf{completed} \ \ \textbf{by} \ \ \textbf{all} \ \ \textbf{filers} \ \ \textbf{-} \ \ \textbf{see} \ \ \textbf{the}$			
		ınstructions Also, see page 1, item i)	3,276,782.	3,501,285.	
•	17	Accounts payable and accrued expenses	•		a service and
	18	Grants payable			部门,是是是不是是一个
es	19	Deferred revenue,			DEFENDER OF THE SECOND
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ï	22	Other liabilities (describe)			被政策主张被令"监罚
				ζ,	
•	23	Total liabilities (add lines 17 through 22)	0.	<u>`</u> 0.	
		Foundations that follow SFAS 117, check here			KEERS WITHING
es		and complete lines 24 through 26, and lines 30 and 31		•	
nc	24	Unrestricted	•		《公司》
ala	25	Temporarily restricted		•	100000000000000000000000000000000000000
Ö	26	Permanently restricted			
밉		Foundations that do not follow SFAS 117, check here	L	-	The same of the sa
교		and complete lines 27 through 31.			
6	24 25 26 27 28 29 30 31	Capital stock, trust principal, or current funds		,	
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
se	20	Retained earnings, accumulated income, endowment, or other funds	3,276,782.	3,501,285.	A THE CONTRACT OF THE PARTY OF
ğ	20		3,276,782.	3,501,285.	1915 4646, 6464
e	31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	5,2.0,702.	0,001,200.	THE A POST OF WATER OF THE TANKEN TO THE TANKEN THE TAN
Z	31		3,276,782.	3,501,285.	
	net l	Analysis of Changes in Net Assets or Fund Bala		3,301,203.	AND THE PROPERTY OF THE PROPER
	art I			must garse with	
7		al net assets or fund balances at beginning of year - Part		_	2 276 702
_		-of-year figure reported on prior year's return)			3,276,782.
		er amount from Part I, line 27a	• • • • • • • • • • • • • • •		225,293.
3		er increases not included in line 2 (itemize) ▶	T	3	, , , , , , , , , , , , , , , , , , , ,
4		lines 1, 2, and 3		4	3,502,075.
		reases not included in line 2 (itemize) ► ATCH 6		5	790
6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	3,501,285.

ALPHAMED CANCER FOUNDATION

Capital Gains and Losses for Tax on Investment Income

Part IV

Page 3

2-story b	example, real estate, shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a SĒĒ PĀRT IV SCHĒ	DULE				
b					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
a					
b					
С					
d					
e					
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	nn 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		(k), but not less the Losses (from col	nan -0-) or
a					
b					
С					
d					
е		·			
Capital gain net income	or (not canital loce) I	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		98,128.
3 Net short-term capital of	gain or (loss) as defined in sections				
		tructions If (loss), enter -0- in			
-	zarti, iine 6. column (c) See insi		3		0.
Part I, line 8					
Part V Qualification (For optional use by domesti	Under Section 4940(e) for Record to the	duced Tax on Net Investment I		me)	
Part V Qualification (For optional use by domestion) If section 4940(d)(2) applies, Was the foundation liable for if "Yes," the foundation does 1 Enter the appropriate a	Under Section 4940(e) for Record private foundations subject to the leave this part blank the section 4942 tax on the distribution of the qualify under section 4940(e). Dismount in each column for each year	e section 4940(a) tax on net investi utable amount of any year in the boo not complete this part	ment inco	d?] Yes ◯X No
Part V Qualification (For optional use by domestion) If section 4940(d)(2) applies, Was the foundation liable for in the foundation does 1 Enter the appropriate and seepenod years	Under Section 4940(e) for Record private foundations subject to the leave this part blank the section 4942 tax on the distribution't qualify under section 4940(e) Dimount in each column for each year (b)	e section 4940(a) tax on net investigation 4940(a) tax on net investigation and the section 4940(a) tax on net investigation and tax of tax on net investigation and tax of ta	ase period	d? (d) Distribution ra	tio
Part V Qualification (For optional use by domestion) If section 4940(d)(2) applies, Was the foundation liable for its appropriate a (a) Base penod years Calendar year (or tax year beginning in)	Under Section 4940(e) for Record private foundations subject to the leave this part blank the section 4942 tax on the distribution't qualify under section 4940(e) Distribution in each column for each year (b) Adjusted qualifying distributions	utable amount of any year in the boo not complete this part ar; see the instructions before make	ase period	d? otries (d) Distribution ra (col (b) divided by	tio col (c))
Part V Qualification (For optional use by domestion of the section 4940(d)(2) applies, Was the foundation liable for the section of the secti	Under Section 4940(e) for Record private foundations subject to the large this part blank the section 4942 tax on the distribution of the large this part blank in the section 4940(e) Distribution of the large this part blank in each column for each year (b) Adjusted qualifying distributions 125,523.	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715.	ase period	d? otries (d) Distribution ra (col (b) divided by	tio col (c)) 0.046790
Part V Qualification (For optional use by domestion of the section 4940(d)(2) applies, Was the foundation liable for the section of the secti	Under Section 4940(e) for Record private foundations subject to the large this part blank the section 4942 tax on the distributed in the section 4940(e) Distribution in the large that the section 4940(e) Distribution in each column for each year (b) Adjusted qualifying distributions 125,523. 241,473.	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199.	ase period	d? otries (d) Distribution ra (col (b) divided by	tio col (c)) 0.046790 0.117953
Part V Qualification (For optional use by domestive of the formulation liable for the foundation liable for the foundation does to the fo	Under Section 4940(e) for Recommendations subject to the private foundations subject to the private foundations subject to the private foundations are section 4942 tax on the distribution of the private formula in each column for each year (b) Adjusted qualifying distributions 125,523. 241,473. 220,557.	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199. 1,637,468.	ase period	d? itries (d) Distribution ra (col (b) divided by	ool (c)) 0.046790 0.117953 0.134694
Part V Qualification (For optional use by domestication) (For optional use by domestication) (If section 4940(d)(2) applies, Was the foundation liable for lif "Yes," the foundation does 1 Enter the appropriate a (a) Base penod years Calender year (or tax year beginning in) 2017 2016 2015 2014	Under Section 4940(e) for Recommendations subject to the private foundations subject to the private foundations subject to the private foundations are section 4942 tax on the distribution of the private formula of the private for	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199. 1,637,468. 1,477,554.	ase period	d? Intries Obstribution ra (col (b) divided by	0.046790 0.117953 0.134694 0.096107
Part V Qualification (For optional use by domestive of the formulation liable for the foundation liable for the foundation does to the fo	Under Section 4940(e) for Recommendations subject to the private foundations subject to the private foundations subject to the private foundations are section 4942 tax on the distribution of the private formula in each column for each year (b) Adjusted qualifying distributions 125,523. 241,473. 220,557.	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199. 1,637,468.	ase period	d? Intries Obstribution ra (col (b) divided by	ool (c)) 0.046790 0.117953 0.134694
Part V Qualification (For optional use by domestr If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate a (a) Base penod years Calendar year (or tax year beginning in) 2017 2016 2015 2014 2013	Under Section 4940(e) for Red to private foundations subject to the leave this part blank The section 4942 tax on the distribution't qualify under section 4940(e) Dimount in each column for each year (b) Adjusted qualifying distributions 125,523. 241,473. 220,557. 142,003. 139,500.	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199. 1,637,468. 1,477,554. 1,257,250.	ase period	d? itries (d) Distribution ra (col (b) divided by	tic col (c)) 0.046790 0.117953 0.134694 0.096107 0.110956
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Part V Qualification (For optional use by domestr If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate a (a) Base penod years Calender year (or tax year beginning in) 2017 2016 2015 2014 2013 2 Total of line 1, column (a) Average distribution rat	Under Section 4940(e) for Recomposition of the section 4942 tax on the distribution of the section 4942 tax on the distribution of the section 4940(e) Distribution of the section 4942 tax on the distribution of the section 4940(e) Distribution of the section	utable amount of any year in the book not complete this part ar; see the instructions before make 2, 682, 715. 2, 047, 199. 1, 637, 468. 1, 477, 554. 1, 257, 250.	ase period	d? Intries (d) Distribution ra (col (b) divided by	tio col (e)) 0.046790 0.117953 0.134694 0.096107 0.110956
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Part V Qualification (For optional use by domestr If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate a (a) Base penod years Calender year (or tax year beginning in) 2017 2016 2015 2014 2013 2 Total of line 1, column (a) 3 Average distribution rat the number of years the 4 Enter the net value of in 5 Multiply line 4 by line 3 6 Enter 1% of net investing	Under Section 4940(e) for Recommendations subject to the section 4942 tax on the distributed in the section 4942 tax on the distributed in the section 4942 tax on the distributed in the section 4940(e). Distribution in each column for each year (b). Adjusted qualifying distributions. 125,523. 241,473. 220,557. 142,003. 139,500. (d)	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2,682,715. 2,047,199. 1,637,468. 1,477,554. 1,257,250. e the total on line 2 by 5 0, or by if less than 5 years rom Part X, line 5	ase period ng any en	d? Intries (d) Distribution ra (col (b) divided by	tio col (e)) 0.046790 0.117953 0.134694 0.096107 0.110956 0.506500 0.101300 338,932.
Part V Qualification (For optional use by domestriction optional use by domestriction optional use by domestriction optional use by domestriction option option of section 4940(d)(2) applies, which is section of section 4940(d)(2) applies, which is section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(Under Section 4940(e) for Recommendations subject to the section 4942 tax on the distribution't qualify under section 4940(e). Distributions (b) Adjusted qualifying distributions 125,523. 241,473. 220,557. 142,003. 139,500. (d)	utable amount of any year in the boo not complete this part ar; see the instructions before make (c) Net value of nonchantable-use assets 2, 682, 715. 2, 047, 199. 1, 637, 468. 1, 477, 554. 1, 257, 250. e the total on line 2 by 5 0, or by fless than 5 years	ase period ng any en 2 3 4 5 6	d? Intries (d) Distribution ra (col (b) divided by	0.046790 0.046790 0.117953 0.134694 0.096107 0.110956 0.506500 0.101300 338,932. 338,234. 1,813. 340,047.

Pa	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	THE RESERVE
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	A MARKET TO THE PROPERTY OF THE PARTY OF THE
b	Domestic foundations that meet the section 4940(a) requirements in Part V check	3,626.
	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	
	Part I, line 12, coi (b)	The Brown Mr. W. P. (Mark William 1980)
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
3	Add lines 1 and 2.	3,626.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	3,626.
6	Credits/Payments	"益地和理人"等码
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 5,000.	
ь	Exempt foreign organizations - tax withheld at source 6b	
	Tax paid with application for extension of time to file (Form 8868).	
9	The first terms of the first ter	
d 7	Backup withholding erroneously withheld	5,000.
8	Total credits and payments Add lines 6a through 6d	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	·
10		1,374.
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
	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
ıa	participate or intervene in any political campaign?	1a Yes No
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	· · · · · · · · · · · · · · · · · · ·
ь		1 _b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1954" A 3 3 36 18 11
	published or distributed by the foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1992 LOS B 15,0007
<u> </u>	(1) On the foundation > \$ (2) On foundation managers > \$	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
·	on foundation managers > \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
_	If "Yes," attach a detailed description of the activities	ALEST AND AND A SERVICE AND ADDRESS OF THE PARTY OF THE P
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	difficulty of the state of the
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
' 4а	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T	12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	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	Enter the states to which the foundation reports or with which it is registered. See instructions.	
	NC,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	THE WAY THE
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"	
	complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
•	names and addresses	10 X
		Form 990-PF (2018)

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Par	t VII-A* Statements Regarding Activities (continued)			
	1		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12				
	person had advisory privileges? If "Yes," attach statement See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► WWW.MANTA.COM/C/MR4WGDR/ALPHAMED-CANCER-FOUND			
14	The books are in care of ANN MURPHY Telephone no. 919-402	-8750)	
14	Located at \$3920 DOVER ROAD DURHAM, NC ZIP+4 \$27707			
4.5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N.	/ A 🛌	
15	and enter the amount of tax-exempt interest received or accrued during the year			ш
46	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
16		16		X
	over a bank, securities, or other financial account in a foreign country?	- Table 19 / 1	X. 6	e e such
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
Dat	the foreign country ▶ t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	130.84696		CSWARE.
r ai		2.823	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	178.00 AS	150	2004
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			6
	(c) ramining goods, carried as (or coordinate person 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	A.S.		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	7		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	hvila@5dat	Constant
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	The Co		
	were not corrected before the first day of the tax year beginning in 2018?	1c	John Committee	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018? Yes No	2		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		4.	
	all years listed, answer "No" and attach statement - see instructions)	2b	AT THE PROPERTY.	ester had
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶,,,,,,,,,,,,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			. XX
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (con	tınued)			
5a	During the year, did the foundation pay or incur any am	nount to				man.	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ience legislation (section	on 4945(e))?	. Yes	X No	The same	7.7	12,05
	(2) Influence the outcome of any specific public et	ection (see section	4955), or to carry or	n,		**************************************		3
	directly or indirectly, any voter registration drive?			Yes	X No	, A+2	T. UP	34.
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	,	. Yes	X No			4
	(4) Provide a grant to an organization other than a	a charitable, etc., or	ganization described i	ın	_	Fill is the		
	section 4945(d)(4)(A)? See instructions				X No	*,,,,,,	*	
	(5) Provide for any purpose other than religious, of					1	J.	
	purposes, or for the prevention of cruelty to children				X No	K 10 20		41,46
b	If any answer is "Yes" to 5a(1)-(5), did any of the						22.5	alTi
	Regulations section 53 4945 or in a current notice rega					5b		
	Organizations relying on a current notice regarding disa				N/A. ▶		37.	
С	If the answer is "Yes" to question 5a(4), does the					30	3/2	
	because it maintained expenditure responsibility for the			Yes	∐ No	35,7	Ki'n X	
	If "Yes," attach the statement required by Regulations	• • •				100	£11, 12	
6a	Did the foundation, during the year, receive any fu	•			₩	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7
	on a personal benefit contract?				X No		are San	الأشدالية
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	act,		6b	*4" F#	X
7.	If "Yes" to 6b, file Form 8870	nautur ta a meabilistad ta	u abaltas transaction?	□ v	X No	Part Ing		V 1 3
7a b	At any time during the tax year, was the foundation a p If "Yes," did the foundation receive any proceeds or ha						ranur	الأميسا
8	Is the foundation subject to the section 4960 tax on pa			10/17		7b 	ر در شویس	enty it ly
0	remuneration or excess parachute payment(s) during the	, , ,		. Yes	X No	4	19 mar 19	11 to 1 t
Par	Information About Officers, Director	rs, Trustees, Fou	ındation Manager	s, Highly P		loyees,	784 -KB	* 31.4
1	and Contractors List all officers, directors, trustees, and foundar	tion managers and	their componention	See instance	tions			
<u>-</u> -	List all Officers, directors, trustees, and Tourida							
		(b) Title, and average	(c) Compensation	(d) Contribu		(e) Expens	e accou	ınt.
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	efit plans	(e) Expens		
		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
ATC		hours per week	(If not paid,	employee ben	efit plans			
ATC		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
ATCH		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
ATCI		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
ATCI		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
ATCH		hours per week	(If not pald, enter -0-)	employee ben	efit plans mpensation			s .
	i 7	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation 0.	other all	owance	0.
		hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation 0.	other all	owance	0.
2	Compensation of five highest-paid employees	hours per week devoted to position (other than those (b) Title, and average	(If not paid, enter -0-) 0.	employee ben and deferred con	on to the struction of	other alk	one, (0.
2	Compensation of five highest-paid employees	hours per week devoted to position	(If not paid, enter -0-)	e 1 - see (d) Contribu employee	instructio	other all	one, (0.
2	Compensation of five highest-paid employees	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
2 (a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (other than those hours per week	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000 NONE	(other than those (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instructio	other allo	one, (0.
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000 NONE	(other than those (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see (d) Contribu employee	instruction to be self the self to the sel	other allo	nne, (0. enter

Form 990-PF (2018) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services ▶ **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE All other program-related investments. See instructions NONE

Form 990-PF (2018)

Page 8

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see instructions)	eign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	1,7,7	
а	Average monthly fair market value of securities	1a	3,293,298.
ь	Average of monthly cash balances,	1b	96,481.
С	Fair market value of all other assets (see instructions)	1c	
d		1d	3,389,779.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 " - 2	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d		3,389,779.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	50,847.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,338,932.
6	Minimum investment return. Enter 5% of line 5	6	166,947.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	166,947.
	Tax on investment income for 2018 from Part VI, line 5 2a 3,626		
b		J, * ;	
c			3,626.
3	Distributable amount before adjustments. Subtract line 2c from line 1		163,321.
4	Recoveries of amounts treated as qualifying distributions		•
5	Add lines 3 and 4		163,321.
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	163,321.
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		202 057
a	, , , , , ,		293,057.
b	- · · · · · · · · · · · · · · · · · · ·		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
_	purposes,		
3	Amounts set aside for specific charitable projects that satisfy the	3 - }	
a			
b			202 057
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		293,057.
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.		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		293,057.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c	alculating w	hether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2018) Page 9 Undistributed Income (see instructions) Part XIII (a) (c) Years prior to 2017 2017 2018 Corpus Distributable amount for 2018 from Part XI, 163,321. 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only b Total for prior years 20 16 ,20 15 ,20 14 3 Excess distributions carryover, if any, to 2018 77,349 a From 2013 68,834. **b** From 2014 143,740. c From 2015 142,469. d From 2016 e From 2017 f Total of lines 3a through e Qualifying distributions for 2018 from Part XII, · 293,057. line 4 ▶ \$ a Applied to 2017, but not more than line 2a. b Applied to undistributed income of prior years c Treated as distributions out of corpus (Election d Applied to 2018 distributable amount e Remaining amount distributed out of corpus. . 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 562,128 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b, 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. 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) Excess distributions carryover from 2013 not 77,349 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2019. 484,779 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 68,834. a Excess from 2014 . . . 143,740. b Excess from 2015 . . . 142,469. c Excess from 2016 . . . d Excess from 2017 . . . 129,736 e Excess from 2018 .

Form 990-PF (2018)

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Pa	rt XIV · Private Op	erating Foundation	s (see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE	
1 a	If the foundation has				3		
	foundation, and the rulin						
		te whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(add add add add add add add add add add					
2 a	Enter the lesser of the ad- justed net income from Part	Tax year	(1) 2047	, 	11/2015	(e) Total	
	I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015		
	return from Part X for each						
	year listed						
	85% of line 2a			/	-		
С	Qualifying distributions from Part XII, Inne 4 for each year listed .						
d	Amounts included in line 2c not						
	used directly for active conduct						
۵	of exampt activities			-			
٠	directly for active conduct of						
	exempt activities Subtract line						
3	2d from line 2c						
_	alternative test relied upon						
а	"Assets" alternative test - enter	<u> </u>					
	 Value of all assets Value of assets qualifying 			· · · · · · · · · · · · · · · · · · ·		 	
	under section						
ь	4942(j)(3)(B)(i)						
	enter 2/3 of minimum invest-						
	ment return shown in Part X,						
c	Support alternative test - enter						
٠	(1) Total support other than						
	gross investment income						
	(interest, dividends, rents payments on securities						
	toans (section 512(a)(5)),						
	or royalties)						
	public and 5 or more						
	exempt organizations as provided in section 4942						
	(j)(3)(B)(iii)						
	port from an exempt						
	organization	ļ				·	
Pa	<u> </u>	ntary Information (Complete this part	only if the found:	ation had \$5 000 o	r more in assets at	
	any time d	uring the year - see	instructions.)			Timore in assets at	
1	Information Regarding List any managers of	•		e than 2% of the tot	al contributions recoi	yed by the foundation	
•	before the close of any					red by the foundation	
	·	, ,	,	(0	00 000		
	ATTACHME List any managers of		over 10% or more of	the stock of a corr	oration (or an aquall	v large parties of the	
b	ownership of a partner					y large portion of the	
	ominion para para in	`	William To To difficultion	That a 1070 or groutor	intoroot.		
	N/A						
2	Information Regarding	Contribution Grant	Gift Loan Scholarsh	in etc. Programs:			
_	_ <u></u>	-		• •			
	Check here ► X if the unsolicited requests for complete items 2a, b, c	or funds If the found	ation makes gifts, gra	nts, etc., to individua	itable organizations in als or organizations u	and does not accept nder other conditions,	
	The name, address, a			e person to whom an	olications should be add	drassed	
a	The name, address, a	na telephone namber	or email address of th	e person to whom app	plications should be add	nesseu	
Ь	The form in which appl	lications should be sul	omitted and information	on and materials they	should include.		
С	Any submission deadli	nes.					
d	Any restrictions or lift factors	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other	

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	990-PF (2 018)				Page 11
Pa	rt XV Supplementary Information (continued)			
_3	Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
	Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	status of	Purpose of grant or contribution	Amount
	Paid during the year	or substantial contributor	recipient		
•	Taid during the year				
A ⁱ	TCH 9				
	-				
				14-	
			1		
		i			
					16
]		
			ļ		
		! 			
	Total			≯ 3a	285,000.
b	Approved for future payment				
	NONE				
	NONE				
		<u> </u>		<u> </u>	
	Total	 		3b	

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Part XV	-A Analysis of Income-Prod	ucing Act	ivities				
Enter gross amounts unless otherwise indicated			ated business income	Excluded b	y section 512, 513, or 514	(e)	
<u> </u>		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
-						(See instructions)	
					- , , ,		
	· · · · · · · · · · · · · · · · · · ·			<u></u>			
ř —							
-	and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·	
_	rship dues and assessments						
	on savings and temporary cash investments			14	868.		
	ds and interest from securities			14	103,418.	·	
	tal income or (loss) from real estate		P			*	
	t-financed property						
	debt-financed property	ſ					
	al income or (loss) from personal property						
	nvestment income						
8 Gain or ((loss) from sales of assets other than inventory			18	98,128.		
9 Net inco	ome or (loss) from special events						
	profit or (loss) from sales of inventory						
11 Other re	evenue a						
b	····						
c							
d							
е					202 414		
	I Add columns (b), (d), and (e)				202,414.	202 414	
	dd line 12, columns (b), (d), and (e)		• • • • • • • • • • • • •	• • • • •	13	202,414.	
Part XVI-	heet in line 13 instructions to verify calcu- B Relationship of Activities		noomplichment of Ex	roment Diver			
Line No.	Explain below how each activity accomplishment of the foundation						
							
							
·							
				-			
							

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Form 99	90-PF (2018)	ALPHAMED	CANCER FOU	NDATION		42-	1564194	Pa	ge 13
Part	XVII	Information R Exempt Orga		nsfers to an	d Transact	ons a	and Relationships With I	Vonchari	itable)
1 [Old the	e organization direc	tly or indirectly	engage in any o	f the following	g with	any other organization descr	ibed	Yes	No
ii	n sec	ction 501(c) (other	than section	501(c)(3) orga	nızations) or	ın se	ection 527, relating to poli	tical		,
		zations?						,	· ·	
аĨ	ransf	ers from the reporting	ng foundation to	a noncharitable	exempt orga	nization	ı of:		/ ***	احتا
(1) Ca	sh								Х
										Х
		transactions:							· -	1
(1) Sa	les of assets to a no	ncharitable exer	npt organization.				15(1	1	X
										Х
										Х
										Х
		-								Х
		-							_	Х
										Х
							e Column (b) should always		fair n	narke
							on. If the foundation received			
V	alue i	in any transaction of	r sharing arrang	ement, show in	column (d) t	he valı	ue of the goods, other assets,	or service	es rec	eived
(a) Line	e no	(b) Amount involved	(c) Name of n	oncharitable exempt	organization	(d) l	Description of transfers, transactions, a	nd shanng arr	angeme	ents
		N/A				N/Z	A			
			<u> </u>							
				•						
		· -								
					•					
d	escrit		(other than sec				nore tax-exempt organizations		es X] No
	103	(a) Name of organizatio		(b) Type	of organization		(c) Description of re	elationship		
				1-7-77-			(3,2,2,3,1,2,1,2			
							†			
			-				-			
				-	· · · · · · · · · · · · · · · · · · ·					
			-							
		penalties of perjury, I declaration of					and statements, and to the best of my kines any knowledge	nowledge and I	belief, it	ıs true
Sign		0.0.		. 1	. 1	٠,٠		he IRS discus	s this	retum
Here		Sha Mus phe		May	7,2019	VY	,	he preparer	shown _	
	Sigr	nature of officer or trustees		Date		Title	See ins	tructions X	Yes	No.
	<u> </u>							T		
Paid		Print/Type preparer's na		Preparer's signal	ture DI	1 .	Date Check Check	If PTIN	_	
		JENNIFER D RHO		Jennya	Olhiz	leru		<u> </u>		5
Prepa	1rer	Firm's name ► ER	NST & YOUNG	U.S. LLP			Firm's EIN ▶ 3	4-65655	96	

Form **990-PF** (2018)

317-681-7000

Use Only Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000

INDIANAPOLIS,

46204

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

2018

Name of the organization			Employer identification number
ALPHAMED CANCER FO	UNDATION		42-1564194
Organization type (check or	ne).		42-1304194
Ellere of	Section:		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) r	nonexempt charitable trust not treated as a priva	te foundation
	527 political	lorganization	
Form 990-PF	X 501(c)(3) ex	cempt private foundation	
	4947(a)(1) r	nonexempt charitable trust treated as a private fo	pundation
	501(c)(3) ta	xable private foundation	
Instructions General Rule)(7), (6), 01 (10),019a1ii2:	ation can check boxes for both the General Rule a	nu a Special Rule See
X For an organizati	y or property) from any	EZ, or 990-PF that received, during the year, co one contributor Complete Parts I and II See inst	_
Special Rules			
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and and that received from a	501(c)(3) filing Form 990 or 990-EZ that met the 170(b)(1)(A)(vi), that checked Schedule A (Form any one contributor, during the year, total contrib orm 990, Part VIII, line 1h; or (ii) Form 990-EZ, lin	n 990 or 990-EZ), Part II, line utions of the greater of (1)
contributor, durin literary, or educa	g the year, total contributional purposes, or for th	501(c)(7), (8), or (10) filing Form 990 or 990-EZ utions of more than \$1,000 exclusively for religion to prevention of cruelty to children or animals. Coutor name and address), II, and III	us, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule app	g the year, contributions led more than \$1,000. If or an <i>exclusively</i> religious dies to this organization	501(c)(7), (8), or (10) filing Form 990 or 990-EZ sexclusively for religious, charitable, etc., purpos f this box is checked, enter here the total contribus, charitable, etc., purpose Don't complete any contribusion of the contribution of the con	es, but no such rutions that were received of the parts unless the ritable, etc., contributions
~		General Rule and/or the Special Rules doesn't file rt IV, line 2, of its Form 990, or check the box or	

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) (2018)

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).

Employer identification number 42-1564194

Part I	-Gontributors (see-instructions) -Use-duplicate-copies	of-Part-I-if-additional-space-is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. ANN A. MURPHY IRA - RMD 3920 DOVER ROAD	\$108,633.*	Person X Payroll Noncash
	DURHAM, NC 27707	_	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. MARTIN J MURPHY, JR. IRA - RMD		Person X
	3920 DOVER ROAD	<u>\$</u> 56,685.	Payroll Noncash
	DURHAM, NC 27707		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR. ANN A. MURPHY TRUST 3920 DOVER ROAD	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Person Payroll Noncash
	DURHAM, NC 27707		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. MARTIN J MURPHY, JR. TRUST 3920 DOVER ROAD DURHAM, NC 27707	\$\$ 91,522.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization ALPHAMED CANCER FOUNDATION

Employer identification number 42-1564194

art IINoncash	Property-(see-instructions)Use-duplicate-co	pies-of-Part-II-if-additional	-space-is-needed-
---------------	----------------------------	-------------------	-------------------------------	-------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	10,570.025 SHARES OF AMERICAN CENTURY VALUE FUND STOCK		
		\$\$	08/29/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	11,070.407 SHARES OF AMERICAN CENTURY VALUE FUND STOCK		
		\$104,283.	08/29/2018
(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
		\$	

	(Form 990, 990-EZ, or 990-PF) (2018)	····	Page Page				
Name of or	rganization ALPHAMED CANCER FOUNDATION	N	Employer identification number				
•			42-1564194				
Part III	Exclusively religious, charitable, etc., co						
			butor. Complete columns (a) through (e) an				
			ne total of exclusively religious, charitable, etc				
	contributions of \$1,000 or less for the year		once. See instructions.) ► \$				
(a) No.	Use duplicate copies of Part III if additiona	i space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	<u> </u>						
		(e) Transfer of gift					
	Transferee's name, address, and Zi	P + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation		Relationship of transferor to transferee				
(a) Na							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
ŕ	(e) Transfer of gift						
	,						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) Na							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	 	-					
	1						

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

42-1564194	NT 1	•	CHARITABLE PURPOSES	8,057.	8,057.
	ATTACHMENT		ADJUSTED NET INCOME		
ĺ±.			NET INVESTMENT INCOME		complementary and a comple
; 2018 FORM 990-PF		11	REVENUE AND EXPENSES PER BOOKS	8,057.	8,057.
LION		FORM 990PF, PART I - ACCOUNTING FEES			TOTALS
ALPHAMED CANCER FOUNDATION		FORM 990PF, PART 1	DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 1 PAGE 20

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ATTACHMENT

42-1564194

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

20,256.

20,256.

20,256.

TOTALS

ADVISORY FEES

DESCRIPTION

20,256.

ATTACHMENT 2 PAGE 21

FOUNDATION
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ATTACHMENT

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

NET INVESTMENT INCOME

723.

EXCISE TAXES FOREIGN TAXES

DESCRIPTION

7,123. 723.

7,846.

TOTALS

ATTACHMENT 3

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2018 FORM 990-PF

ATTACHMENT

42-1564194

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

NET INVESTMENT INCOME

125.

DESCRIPTION BANK FEES

TOTALS

125.

125.

ATTACHMENT 4

V 18-4.5F 6:54:23 PM 1314IM 2098 5/4/2019

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ATTACHMENT 5		ENDING	3 233 688	3,233,688.
ATTACH		ENDING BOOK VALUE	3,430,777	3,432,777.
	INVESTMENTS	BEGINNING BOOK VALUE	3,193,082	3,193,082.
	- 11			TOTALS
,	FORM 990PF, PART II - OTHER	DESCRIPTION	PERSHING, LLC -1094	

2018 FORM 990-PF ALPHAMED CANCER FOUNDATION

42-1564194

ATTACHMENT 6

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

DESCRIPTION

TUUOMA

DIVIDEND INCOME TIMING DIFFERENCE

790.

TOTAL

790.

FOUNDATION
CANCER
ALPHAMED

4194	:						
42-1564194	MENT 7	EXPENSE ACCT AND OTHER ALLOWANCES	·	-	<u>.</u>	· 0	0
	ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	. 0	. 0	O	.0	0
		COMPENSATION	.0	.0	.0	.0	0,
2018 FORM 990-PF	OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT.50	VICE-PRESIDENT .50	SECRETARY .50	TREASURER .50	GRAND TOTALS
ALPHAMED CANCER FOUNDATION	FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS,	NAME AND ADDRESS	DR. MARTIN J. MURPHY, JR. 3920 DOVER ROAD DURHAM, NC 27707	DR. ANN A. MURPHY 3920 DOVER ROAD DURHAM, NC 27707	SEAN P. MURPHY 2 HENRY ADAMS, SUITE 450 SAN FRANCISCO, CA 94103	BRENDAN A. MURPHY 203 AVENIDA PALAYO SAN CLEMENTE, CA 92672	

ATTACHMENT 7

ATTACHMENT 8

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DR. ANN A. MURPHY

DR. MARTIN J. MURPHY, JR.

FORM 990FE, PARI XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTAC HMENT	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	BUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DUKE UNIVERSITY - DUKE COMPREHENSIVE CANCER CENTER 324 BLACKUELL 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 11400 ROCKVILLE PIKE SUITE 609 NORTH BETHESDA, MD 20852	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	PC IRC SECTION 509(a)(1)		NUTRITION, EDUCATION AND DISEASE PREVENTION	50, 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 THE "GAFE CHANGER" CAMPAIGN	10,000
MASSACHUSETTS GENERAL HOSPITAL CAMBRIDGE ST SUITE 600 BOSTON, MA 02114	PC IRC SECTION 509(a)(1)		SUPPORT FOR CLINICAL CARE AND MEDICAL FESEARCH	10,000
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60601	PC IRC SECTION 509(a)(1)		SUPPORT FOR THE NISHOFF SCHOOL OF NURSING	5, 000
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2018 FORM 990-PF

ALPHAMED CANCER FOUNDATION

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR	ATTACHMENT 9 (CONT'D)	(CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	OR	•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE MEDICAL FOUNDATION OF NC INC - UNC LINEBERGER 880 MARTIN LUTHER KING JR BLVD CHAPEL HILL, NC 2/514-2600	PC IRC SECTION 509(a)(1)	CANCER RESEARCH AND TREATMENT CENTER	25,000
SOCIETY FOR TRANSLATIONAL ONCOLOGY 318 BLACKWELL ST SUITE 270 DURHAM, NC 27701	PC IRC SECTION 509(a)(1)	SUPPORT FOR INTERNATIONAL PEDIATRIC ONCOLOGY FELLOWSHIP PROGRAM	. 50,000.
	,	TOTAL CONTRIBUTIONS PAID	285,000
	,		
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2018 FORM 990-PF

ALPHAMED CANCER FOUNDATION

2018 FORM 990-PF ALPHAMED CANCER FOUNDATION 42-1564194
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of I	Property	INS AND LO		ription		P 0 C	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of 12/31/69	Excess of FMV over	ľ	Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	+	(loss)	-
		TOTAL CAPITA	AL GAIN DIS	TRIBUTIONS			19,446.	
		PERSHING - 1	.094			P	VAR	VAR
332,337.		PROPERTY TYPE 337,922.	PE: SECURIT	IES			-5,300.	
		PERSHING - 1				P	VAR	VAR
874,130.		PROPERTY TYPE 807,615.	PE: SECURIT	IES			73,838.	
		PERSHING - 1				P	VAR	VAR
188,798.		PROPERTY TYP	PE: SECURIT	IES			10,144.	
,								
OTAL GAIN(L	oss)						98,128.	
		·						
	-							
							:	