Extended to November 15, 2016

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

OMB No 1515-00 .7 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs.gov/form990.

A F	or the 2	2015 calendar year, or tax year beginning and ending	1							
B c	heck if oplicable.	C Name of organization		D Employer identific	ation number					
	Address Johange	NEUROENDOCRINE TUMOR RESEARCH FOUNDATION		00.14	\4F345					
<u></u>	Name	Doing business as		20-19	145347					
]initial return]Final return/	Number and street (or P.O. box if mail is not delivered to street address) 20 PARK PLAZA, SUITE 478	sunte	E Telephone number 617-9	948-2514					
	termin-	City or town, state or province country, and ZIP or foreign postal code		G Gross receipts \$	17,108,127.					
]Amende			H(a) Is this a group re	turn					
	Applica-	I F Name and address of principal officer RONALD INCLUMENTER		for subordinates?	Yes X No					
	pending	same as C above		H(b) Are all subordinates in	cluded? Yes No					
1 1	ax-exer	npt status [X] 501(c)(3)	527	If "No," attach a l	ist (see instructions)					
JI	Vebsite	netrf.org		H(c) Group exemption	number 🕨					
KF	orni of o	rganization. [X] Corporation Trust Association Other ▶ L	Year	of formation, 2004 M	State of legal domicile, MA					
P	art I	Summary								
9	1 8	Irrefly describe the organization's mission or most significant activities See Scho	edu	le O						
2] _									
Activities & Governance	2 0	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its net as	sets					
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)		. 3	9					
S.	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9					
es	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			4					
Σ	6 T	otal number of volunteers (estimate if necessary)	-	6	0					
Ç	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	ри	Net unrelated business taxable income from Form 990 DITEB CIVICIO.		, 7b	0.					
	1		<u> </u>	Prior Year	Current Year					
- e	. _8 _€	Contributions and grants (Part-VIII. line 1h)		2,993,251.	17,039,899.					
Revenue	1		-	0.	0.					
Ŗ	1	nvestment income (Part VIII, column (A), lines 3 Jand 7d)	L.	874.	1,201.					
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90, 10c, and 11e)	_	0.	-589.					
_	12 7	otal revenue add lines 8 through 11 (must equal Part VIII) polyma (*), line 12		2,994,125.	17,040,511.					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1 3)	<u> </u>	1,577,414.	436,000.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.					
Ses	15 9	Salaries, other compensation, employee benefits (Part IX column (A), lines 5 10)		320,704.	453,531.					
Ë	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		22,581.	7,014.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 237,560.	<u> </u>	100 000						
_	117	Other expenses (Part IX, column (A), lines 11a-11d, 111 24e)	}	186,825.	269,365.					
	!	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)	<u> </u>	2,107,524.	1,165,910.					
- 4	19 F	Revenue less expenses Subtract line 18 from line 12	+-	886,601.	15,874,601.					
sels or	ا مواقا	Estal appets /Part V. Imp. 16\	1	eginning of Current Year 3,964,967.	End of Year 18,899,448.					
ASSE	24 7	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	-	2,175,994.	1,235,874.					
E S	: · · ·	Net assets or fund balances Subtract line 21 from line 20	-	1,788,973.	17,663,574.					
		Signature Block		1,700,373.	17,000,074.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateo	rents, and to the best of m	y knowledge and helief it is					
		t, and complete, Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and belief, it is					
-	1	Val Hall	ориго	NIZV	2016					
Sıç	.n	Signature of officer		Date Date	2016					
He										
•••		RONALD HOLLANDER, EXECUTIVE DIRECTOR Type or print name and title								
_		Print/Type preparer's name Preparer's sign								
Pa	ld .	Elaine M. Renzi, CPA								
Pro	eparer	Firm's name ELAINE RENZI, CPA, LLC								
	e Only	Firm's address 391 EAST CENTRAL STREET, UNIT BA								
		FRANKLIN, MA 0203E								
M	May the IRS discuss this return with the preparer shown above? (see insti									
•	001 12-11									

Form	990 (2015) NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Page 2
Pàr	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	Funding research into the causes of neuroendocrine tumors in order to
	find cures for these cancers
	Time cares for these cancers
	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F72 Yes X No
	the phot i diff 350 of 350 EE.
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 593,819 · including grants of \$ 436,000 ·) (Revenue \$)
¬a	Funding research into the causes of neuroendocrine tumors in order to
	find cures for these cancers
	Tilid cutes for chese cancers
4 <u>b</u>	(Code) (Expenses \$ 98,258 • including grants of \$) (Revenue \$)
70	Neuroendocrine Tumor Research Foundation, Inc. (NETRF) presents a
	number of Neuroendocrine Tumor Patient Educational Conferences
	annually, which provide the latest information on research and
	treatment options, while connecting patients and caregivers with
	doctors, researchers, and one another. Videos of the conferences are
	posted on the NETRF website, along with extensive information about
	neuroendocrine cancer, so patients can learn about their diagnoses and
	treatments.
4c	(Code) (Expenses \$ 166,290 • including grants of \$) (Revenue \$)
	NETRF's website offers a searchable doctor database, listings of
	support groups, information on the latest research projects, and a
	number of resources to help those who are affected by neuroendocrine
	cancers. NETRF convenes researchers and clinicians to collaborate, through outreach to other neuroendocrine tumor organizations and active
	participation in national and international groups.
44	Other program services (Describe in Schedule O)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 858, 367.
46	Form 990 (2015)
53200	, Full 330 (2015)

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Form 990 (2015)

Page 4

Part IV Checklist of Required Schedules (continued)

20a but the organization operate one or more hospital facilities of 11*es* to the return? 21 but the organization report more than \$5,000 of grants or other assistance to any dementic organization or dementic operation of the organization report more than \$5,000 of grants or other assistance to any dementic organization or dementic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Imp 27 if yes, "complete Schedule I, Part I and II and II and former officers, directors, fusitions," in 27 if yes, "complete Schedule I, Part I and II and former officers, directors, fusitions," in 27 if yes, "complete Schedule I, Part I and II and former officers, directors, fusitions," in 27 if yes," complete Schedule I, Part I and II and				Yes	No
21 Dot the organization report more than \$5,000 of grants or other assistance to any domestic operament on Part IX, column (A), line 17 III "Yes", complete Schedule I, Parts I and III 22 Dot the organization report more than \$5,000 of grants or other assistance to or for domestic doverable of the part of	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if If Yes, "complete Schedule I, Parts I and II 21 X 2 Did the organization report more than \$5,000 or grants on other assistance to or for domestic individuals on Part IX, column (A), line 27 if Yes, "complete Schedule I, Parts I and III 22 Did the organization array "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If Yes, "complete Schedule I V and III American III Amer	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I" No", go to Ima 25a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I" No", go to Ima 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization invest any brought of "ssuer for bonds outstanding at any time during the year? Did the organization aware that tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II Did the organization aware that tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part IV organization apartitis tengaged in an excess benefit transaction with organization apartitis tengaged in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule I, Part IV organization apartitis tengaged in an excess benefit transaction with organization report any of these persons? If "Yes," complete Schedule I, Part IV organization persons? If "Yes," complete Schedule I, Part IV organization persons? If "Yes," complete Schedule I, Part IV organization persons? If "Yes," complete Schedule I, Part IV organization persons? If "Yes," complete Sched		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L 18 VII No. of the vear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No.", or to Ine 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any time-security of the organization maintain an escrow account other than a refunding escrow at any time during the year of Pesa, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Sc	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? // *Yes,* complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // *Yes,* inserver lines 24b through 24d and complete Schedule K // *No.* to the ne 25a		Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 25a Section \$01(e)(3), \$01(e)(4), and \$25i of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 25a Section \$01(e)(3), \$01(e)(4), and \$501(e)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section \$01(e)(3), \$01(e)(4), and \$501(e)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a prant selection committee member, or to a \$5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A Altamity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A A Current or former officer, director, trustee, or key	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," answer lines 24b through 24d and complete Schedule K if "No", or to line 25a 24b through 24d and complete Schedule K if "No", or to line 25a 24b through 24d and complete Schedule K if "No", or to line 25a 24b through 24d and complete Schedule K if "No", or to line 25a 24b through 24d and complete Schedule C in the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 27b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year! of the organization with a disqualified person during the year? "If "Yes," complete Schedule L, Part I I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule L, Part I I Is the organization has not been reported on any of the organization's pror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Instructions for applicable flag in therefolds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee of a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions for applicable flag thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions for applicable flag thresholds, conditions, and exceptions? b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions of		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a Did the organization mentain an escrow account other than a refunding secrow at any time during the year' of the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization provide a grant or during the year? If "Yes," complete Schedule L, Part II" Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions of a family member of a current or former officer, director, trustee, or key employee of the organization and part yet as a family of the programization and part yet as a family and acceptances. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than 250 000 in on-cash contributions		Schedule J	23		<u> </u>
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b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization prompts 90 or 990-E27 If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of thise persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a more officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 26	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Schedule L, Part I Dot the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // 'Yes,' complete Schedule L, Part II 26	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II					3.7
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X A anily of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X X X X			25b		
Dot the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26				
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27					v
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		The second secon			(2015)

Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule

	13a	
13b		
13c		
	14a	X
ule O	14b	

12a

Form 990 (2015)

10a

10b

11a

11b

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

	to line da, bb, or rob below, describe the discursionistics, processes, or changes in correction of the minutes in			T I					
_	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management	 -	V T						
	Enter the number of voting members of the governing body at the end of the tax year 9	$-\!+$	Yes	No					
1a	Little the humber of voting members of the governing body at the end of the tax year		- 1						
	If there are material differences in voting rights among members of the governing body, or if the governing		1	•					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 9		į						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	1	χ̃					
_	officer, director, trustee, or key employee?	-							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		X					
	of officers, directors, or trustees, or key employees to a management company or other person?	4	\dashv	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X					
6 Did the organization have members or stockholders?									
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		X					
	more members of the governing body?								
D	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
_									
	a The governing body?								
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X						
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<u>X</u>					
000	tion B. I dilated (mis deciron b requests mornation about pointed by the means are the second	\neg	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X	L					
15	Did the process for determining compensation of the following persons include a review and approval by independent			۲					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?] }	_= -	٠ .					
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>					
b	Other officers or key employees of the organization	15b	Х	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			i					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			اــــا					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	<u></u>						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie						
	for public inspection. Indicate how you made these available Check all that apply.								
	Own website Another's website Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial						
_	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► RONALD HOLLANDER − 617−948−2514		_						
	20 PARK PLAZA, STE 478, BOSTON, MA 02116								
	AN LUNDA' SIE 410' BOSION' IN ASTIO	Forn	990	(2015)					

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

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

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

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

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

							ısat	ted any current officer, director, or trustee.				
(A)	(B)	İ		_ (C	<i>)</i>			(D)	(E)	(F)		
Name and Title	Average		not c		more	than o		Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week	H	er an	0 8 0	recto	a/uus	(66)	from	from related	other		
	(list any	ecto		ı	İ			the	organizations	compensation		
	hours for	- E	يو	i 1	İ	ated		organization	(W-2/1099-MISC)	from the		
	related	stee	iruste	1 1	40	leg		(W-2/1099-MISC)		organization		
	organizations	ᄪ	onal	il	oloye	5 8				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Ha A	Highest compensated employee	Former	1		organizations		
(1) ANNE DOYLE	4.00	드	=	ō	▝	포함	2			·		
DIRECTOR		x			ĺ			0.	0.	0.		
(2) STEPHEN KAUFER	4.00	Ë		\Box		Н						
TREASURER		х		$ \mathbf{x} $	ĺ			0.	0.	0.		
(3) JONATHAN SOROFF -	4.00	_	T =	_	_							
DIRECTOR		Х			L			0.	0.	0.		
(4) DR. STEPHEN BLACKWOOD	4.00			П								
DIRECTOR		Х		Ш				0.	0.	0.		
(5) CAROL BRANAMAN	4.00			_				_		_		
CHAIRMAN		Х	L	Х		<u> </u>	_	0.	0.	0.		
(6) NICHOLAS VANTZELFDE	4.00											
DIRECTOR	4-00	Х	ļ		<u> </u>	<u> </u>		0.	0.	0.		
(7) DR. JOSEPH LI	4.00			, ,								
SECRETARY	4 00	Х	_	Х	<u> </u>	\vdash		0.	0.	0.		
(8) DR. JAMES PANAGIS	4.00	.				ŀ		0.	0.	_		
DIRECTOR	4.00	Х				-		U •	U •	0.		
(9) TONY DETRE DIRECTOR	4.00	x			ĺ		ŀ	0.	0.	0.		
(10) TODD GILMAN	4.00	^	_	Н	┢	\vdash	<u> </u>	•	· ·	- 0.		
DIRECTOR	4.00	x			i			0.	0.	0.		
(11) RONALD HOLLANDER	40.00		-	Н	┢╾	一	_	-				
EXECUTIVE DIRECTOR		1		х				118,571.	0.	12,757.		
		T		П								
	,	1										
		1										
					L	<u> </u>			<u></u>			
		1					•					
		<u> </u>	<u> </u>	\vdash		1	\vdash			 		
		$\left\{ \right.$										
		\vdash	\vdash	\vdash	\vdash	+	\vdash	 -				
		1										
									<u> </u>	L		

532007 12-16-15

									CH FOUNDATIO		45.	347	Pa	age 8
Par	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box		Posi heck i	tion more rson i	than	one h an	(D) Reportable compensation	(E) Reportable compensation	1	am	(F) timate	
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other censa cm the anizate relate nizate	e on ed
							!							
											\dashv			
16	Sub-totál -								118,571.		0.	1	2,7	57.
С	Total (add lines 1b and 1c) Total number of individuals (including but re		nose	e liste	ed a	bovi	e) wi	b ho r	0. 118,571. eceived more than \$100	0,000 of reportabl	0. 0. e	1	2,7	0. 57. 1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or	highest compensated e	employee on		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	0,000? <i>If</i> "Yes, accrue compe	," cc nsat	<i>mpl</i> tion	ete : from	S <i>che</i> any	edul y uni	e J	for such individual			 4 5	-	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racte				ipens		from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Co										(Compe		n		
										-			·	<u>-</u> .
	Total number of independent contractors (including but i	not I	ımıte	ed to	tho	ose l	ste	d above) who received i	nore than				

532008 12-16-15

Form **990** (2015)

0

\$100,000 of compensation from the organization

1.0		,	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
1				anio a rosponos		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
ara Our		b	Membership dues	1b					
s, (Am		С	Fundraising events	1c	156,556.				
ar		d	Related organizations	1d					
ini,		e	Government grants (contribut	tions) 1e					
tion S		f	All other contributions, gifts, gran	nts, and					
			similar amounts not included abo	ve 1f	16,883,343.				1
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in lines	3 1a-1f \$	25,014.	_			
<u>a</u> C		h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	•	17,039,899.			·
					Business Code		-		
9	2	а		·····					
e Zi		b							.
S I		С				·-			
ran 3ev		d							
Program Service Revenue		е							
Ω.			All other program service reve	enue	L				
_		g	Total. Add lines 2a-2f						
	3		Investment income (including	ı dıvıdends, ınter	est, and	4 044			4 044
			other similar amounts)			1,214.			1,214.
	4		Income from investment of ta	x-exempt bond	proceeds -				
	5		Royalties	<u> </u>	_				
			0	(i) Real	(ii) Personal				
	6		Gross rents			-	-		-
			Less rental expenses						
			Rental income or (loss)						
			Net rental income or (loss) Gross amount from sales of	(i) Securitus	(v) Othor				
	′	a	assets other than inventory	(i) Securities 25,014	(II) Other				
		.	Less cost or other basis	35,022	}				
		U	and sales expenses	25,027	1				
		_	Gain or (loss)	-13					
			Net gain or (loss)		<u> </u>	-13.	-13.		
			Gross income from fundraisin	a events (not					
enue	Ĭ	_	including \$ 156						•
eve			contributions reported on line		1				
Ě			Part IV, line 18	a	42,000.				
Other Rev		ь	Less direct expenses	t	42,589.				
0			Net income or (loss) from fund	draising events	•	-589.			~589.
			Gross income from gaming ad						
			Part IV, line 19	a	·[
		b	Less direct expenses	t					
		C	Net income or (loss) from gard	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а	·				
		b	Less cost of goods sold	t	·			-	_
		С	Net income or (loss) from sale		<u> </u>				
	<u> </u>	_	Miscellaneous Revenu	ie	Business Code				
	11	а							
		þ							
		С			ļ				
		d	All other revenue						<u> </u>
	l	е	Total. Add lines 11a-11d		>	10 040	ļ —— ——	ļ	ļ
	12		Total revenue. See instructions.			17,040,511.	-13.	0.	625.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 436,000. 436,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 199,703. 79,881. 19,971. 99,851. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 212,917. 157,239. 10,920. 44,758. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,442. 3,629 1,110. 5,703. Other employee benefits 2,257. 30,469. 17,679. 10,533. Payroll taxes 10 Fees for services (non-employees) 11 a Management 3,039. 2,500 539. b Legal 16,730. 16,730 c Accounting d Lobbying 7,014. 7,014. Professional fundraising services, See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 191 191 column (A) amount, list line 11g expenses on Sch O.) 11,000. 11,000. 12 Advertising and promotion 30,041. 5,210. 16,213. 8,618. Office expenses 13 26,747. 48,948. 971 21,230. 14 Information technology 15 Royalties 45,970. 26,674. 3,405. 15,891. Occupancy 16 59,508. 45,738. 7,000. 6,770. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 48,570. 41,611. 185. 6,774. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,793. 1,233. 351. 209. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **DUES & LICENSES** 3,575. 700. 800 2,075. b C d All other expenses 1,165,910. 858,367. Total functional expenses. Add lines 1 through 24e 69,983 237,560. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 771,157. 460,044. Cash - non-interest-bearing 1,470,464. 8,335,175. 2 2 Savings and temporary cash investments 10,094,452. 1,721,744. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 1,350. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10c 10b b Less accumulated depreciation 252. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 3,964,967. 18,899,448. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 53,994. 201,874. 17 17 Accounts payable and accrued expenses 2,122,000. 1,034,000. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 2,175,994. 1,235,874. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 131,563. 2,649,594. 27 Unrestricted net assets 1,657,410. 10,112,500. 28 Temporarily restricted net assets 28 4,901,480. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 1,788,973. 17,663,574. 33 33 Total net assets or fund balances 3,964,967. 18,899,448. 34 Total liabilities and net assets/fund balances

Form 990 (2015)

	990 (2015) NEUROENDOCRINE TUMOR RESEARCH FOUNDATION	20-	<u> 1945</u>	<u> 347</u>	Pag	_{le} 12		
Pài	t XI Reconciliation of Net Assets					$\overline{}$		
	Check if Schedule O contains a response or note to any line in this Part XI					<u> </u>		
			1	0.47	, F.	1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,040				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,16!				
3	Revenue less expenses. Subtract line 2 from line 1	3	15,874,60					
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		_				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		4.5	~~	, F	7 A		
_	column (B))	10		,66	3,5	<u>/4.</u>		
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				V 1	No		
	🔽 👿 🗖			\longrightarrow	Yes	NO		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		1		· '		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	ł Ō				X		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		"		-		
	separate basis, consolidated basis, or both			, `		!		
	Separate basis Consolidated basis Both consolidated and separate basis				X	لـــــا		
b	Were the organization's financial statements audited by an independent accountant?			2b				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	·.					
	consolidated basis, or both			1				
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit	1	2c	<u> X</u>	لحصا		
	review, or compilation of its financial statements and selection of an independent accountant?			20		$\vdash \vdash \vdash$		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Au	Ιαιτ			- x		
_	Act and OMB Circular A-133?			3a		<u>~</u>		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	med au	uit	3b				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				gan	(2015)		
				Loim	330	(2015)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (ı) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Page 2

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

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

Calledd ary vunsual grants 7 Calledd ary vunsual grants 7	Se	ction A. Public Support						
1 Giffs, grants, contributions, and membership fees received. (Do not include any *unusual grants*) 1 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11. 2 Equation 15 Equation 16 Equat	Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Include any "unusual grants" 1,113,693 2,391,556 1,030,491 808,565 1,012,527 6,356,832 I Tax revenues leved for the organization's benefit and either pad to or expended on its behalf or the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization organization of the organization of the organization organization of the organization organization organization organization organiza	1	Gifts, grants, contributions, and						
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Selected his 5 from line 4 6 Gross income from interest, dividends, payments received on securities loans, rents, resplating selection 1, 113, 693, 2, 391, 556, 1, 030, 491, 808, 565, 1, 012, 527, 6, 356, 632, 632, 633, 633, 633, 633, 633, 63		membership fees received. (Do not						
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Schedule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants.")				<u></u>	<u></u>	<u></u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf	}	}		1		}		
5	The value of services or facilities				1				
	furnished by a governmental unit to the organization without charge			-					
6	Total, Add lines 1 through 5		1				<u> </u>		
	Amounts included on lines 1, 2, and				 	 			
	3 received from disqualified persons		1	1	Ì	ì			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)				1				
	tion B. Total Support		·	·	<u> </u>	<u> </u>	I		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6	1		1-7					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income						T		
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9 10c, 11, and 12)								
	First five years. If the Form 990 is fo		s first, second the	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation		
•	check this box and stop here		,,,	, realizing of milit		(e)(e) organi	▶ □		
Sec	tion C. Computation of Pub	lic Support Pe	ercentage						
	Public support percentage for 2015			column (f))		15	%		
	Public support percentage from 201		•			16	%		
_	ction D. Computation of Inve			,					
17	Investment income percentage for 2	015 (line 10c, colu	mn (f) divided by l	ne 13, column (f))		17	%		
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%		
	33 1/3% support tests - 2015. If the	•		on line 14, and lin	ne 15 is more than				
	more than 33 1/3%, check this box a						ightharpoons		
t	b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization					-			
	23 09-23-15		,			hedule A (Form 99	0 or 990-FZ) 2015		

Schedule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Page 4 Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A	AILC	upporting	Organizati	one
OCCHOIL A.		4000 HI H	i Olualiizati	0113

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	No
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l	2		
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	3a		
	3b	,	
	3c		
	4a		
			1
	4b		
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		,	
	4c		İ
	5a	 	
	5b		
	5c	_	<u> </u>
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	9a_	<u> </u>	ļ
	9b	-	'
	9c	 	
	10a	<u> </u>	
	10b		
m S	990 or 9	90-E2	2015

	dule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-19	<u>4534</u>	<u>7 Ра</u>	age 5
Pài	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ĺ
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1.0		<u> </u>
	- · · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	- 110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	ŀ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u>L</u> .
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	ł	1	
	the supported organization(s)	1 1	-	
Sec	tion D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ŀ	-	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)			
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	·		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test, Complete Ilne 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	<u>) </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ļ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		İ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	-	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			† — —
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement	25	-	
2	•	2b	 	├─
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	├	├
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u> </u>
53202	5 09-23-15 Schedule A (Form 9	aan or a	ロハーヒフ	1 2016

Sche Par	dule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RE			0-1945347 Page 6
	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions All
1	other Type III non-functionally integrated supporting organizations must co			cuons. An
Secti	on A - Adjusted Net Income	inplete 3	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	·	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
_	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv-ıntear:	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 31 and 4c. Breakdown of line 7 а ь c Excess from 2013 d Excess from 2014 Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NEUROENDOCKTINE TOMOR RESEARCH FOUNDATION 20 - 1945 347 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)
Schedule A, List of Unusual Grants Received:
Description: CANCER RESEARCH-3 YEAR GRANT
Date: 12/29/15 Amount: 14901480.
Description: BEQUEST FOR CANCER RESEARCH
Date: 07/28/15 Amount: 969335.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Name of the organization

Inspection

Name of the organization NEUROENDOCRINE TUMOR RESEARCH F	OUNDATION Employer identification numbe 20-1945347
Part I Organizations Maintaining Donor Advised Funds or Other Si	
	initial Funds of Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised	funds (b) Funds and other accounts
	turios (b) Furios and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held	
are the organization's property, subject to the organization's exclusive legal control?	Yes L No
6 Did the organization inform all grantees, donors, and donor advisors in writing that gran	•
for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Part II Conservation Easements. Complete if the organization answered "Yes"	Yes No
	on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all that apply)	
	rvation of a historically important land area
	rvation of a certified historic structure
Preservation of open space	A
2 Complete lines 2a through 2d if the organization held a qualified conservation contribu	Held at the End of the Tax Yea
day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	· - -
listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or te	erminated by the organization during the tax
year >	
Number of states where property subject to conservation easement is located ▶	an bandlan of
5 Does the organization have a written policy regarding the periodic monitoring, inspection	Yes N
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	d emorcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	ording conservation assembnts during the year
Amount of expenses incurred in monitoring, inspecting, nanding of violations, and emit \$	ording conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section 170/h\/4\/R\/i\
and section 170(h)(4)(B)(ii)?	Yes N
9 In Part XIII, describe how the organization reports conservation easements in its reven	
include, if applicable, the text of the footnote to the organization's financial statements	•
conservation easements	s that describes the organization s accounting for
Part III Organizations Maintaining Collections of Art, Historical Treatment	asures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet works of art
historical treasures, or other similar assets held for public exhibition, education, or rese	
the text of the footnote to its financial statements that describes these items	, - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , - , -
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	venue statement and balance sheet works of art, historic
treasures, or other similar assets held for public exhibition, education, or research in fu	
relating to these items	amount
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	► \$ ► \$
2 If the organization received or held works of art, historical treasures, or other similar as	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to the	<u> </u>
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	• \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 20

532051 11-02-15

		DOCRINE TUN						<u>45347</u>	
Pàr	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other records	s, check any o	f the follo	wing that are a	significant	use of its	collection ite	∍ms
	(check all that apply).								
а	Public exhibition	d		r exchang	ge programs				
b	Scholarly research	е	U Other_						
C	3								
4	Provide a description of the organization's co						ose in Parl	XIII	
5	During the year, did the organization solicit o		•			ar assets) г	— .
-	to be sold to raise funds rather than to be m							Yes	<u>No</u>
Par	t IV Escrow and Custodial Arran		te if the organ	zation an	swered "Yes" of	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contrib	utions or	other assets no	t included		٦., ٢	→
	on Form 990, Part X?							∫Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table				Γ'		
								Amount	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e	_		
_f	Ending balance .					<u>_1f</u>	<u> </u>	T., T	
	Did the organization include an amount on F							JYes L	 №
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete						voore beek	(-) Four you	oro book
		(a) Current year	(b) Prior ye	ar (C)	Two years back	(a) Tillee	years back	(e) Four year	115 Dack
1a	Beginning of year balance					<u> </u>			
	Contributions		······································		 				
C	Net investment earnings, gains, and losses					 			
	Grants or scholarships								
е	Other expenditures for facilities			- -					
_	and programs					ļ			
T	Administrative expenses								
9	End of year balance		- //	(2)\		1			
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colu	mn (a)) ne	eiu as				
a	Board designated or quasi-endowment	0/	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are t	old and s	administered for	the organ	zation		
Ja	by	sssion of the organiza	adon that are i	iciu anu e	administered for	the organ	Zation	V	es No
	(i) unrelated organizations							3a(i)	3 140
	(ii) related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir	ed on Schedu	le B?				3b	
4	Describe in Part XIII the intended uses of the	•							
	rt VI Land, Buildings, and Equipm								
L	Complete if the organization answere), Part IV. line	11a See	Form 990, Part)	X, line 10			
	Description of property	(a) Cost or o		Cost or o		Accumulat	ted	(d) Book v	alue
		basis (investri		asis (oth		epreciatio		,,,	
	Land	- - ·		· · ·					
	Buildings								
	Leasehold improvements								
	Equipment					_	1		
	Other								
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B).	line 10c	,		▶		0.

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 NEUROENDUCKINE TUMOR RES			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	1 17 040	E11
1	Total revenue, gains, and other support per audited financial statements		1 17,040,	211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	i I	
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 17,040,	<u>511.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 17,040,	511.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe		
تت	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1 1,165,	910.
_	·		17-557	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا مو ا		
a	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b	 	
С	Other losses	2c	 	
d	Other (Describe in Part XIII)	2d		0
е	Add lines 2a through 2d		2e	010
3	Subtract line 2e from line 1		3 1,165,	910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		ا بما	i l	
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	0.
			4c 5 1,165,	_
c _5	Add lines 4a and 4b			_
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 et XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	5 1,165,	910.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

➤ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C d l J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2015

Pa	rt l	le G (Form 990 or 990-EZ) 2015 NEUROEN Fundraising Events. Complete if the of fundraising event contributions and g	he organization answered	"Yes" on Form 990, Part EZ, lines 1 and 6b. List e	IV, line 18, or reported events with gross receip	more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			DONOR EVENT (event type)	(event type)	(total number)	col. (c))
Revenue			(0.0000 1)	(0.0	(
Reve	1	Gross receipts	198,556.			198,556.
	2	Less Contributions	156,556.			156,556.
	3	Gross income (line 1 minus line 2)	42,000.			42,000.
	4	Cash prizes				
s	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses	42,589.			42,589.
	10	Direct expense summary Add lines 4 through	gh 9 ın column (d)		•	42,589.
Pa	11		line 3, column (d)	- 000 Post IV I boo 10 and		-589.
		\$15,000 on Form 990-EZ, line 6a	ranswered res on rom	1 990, Fait IV, iiile 19, 01 1	reported more trian	
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	-bingo/progressive bingo-	gammig	col-(a) through col-(c))-
Rec		Gross revenue	1	1		
_	Ė	GIOSS Tevellue		 		
ses	2			i l		
22	_	Cash prizes				
Expenses	3	Cash prizes Noncash prizes				
Direct Expens		·				
ರ	3	Noncash prizes				
ರ	3	Noncash prizes Rent/facility costs	Yes%	Yes%	└── Yes %	
ಚ	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No	I — — I		
ಚ	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No gh 5 in column (d)	I — — I		
Direct	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary subtract line	gh 5 in column (d) 7 from line 1, column (d)	I — — I		
. 6 Direct	3 4 5 6 7 8 Errals	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No T from line 1, column (d) ducts gaming activities _ activities in each of these	No No		Yes No
. 6 Direct	3 4 5 6 7 8 Errals	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines after the state(s) in which the organization conduct the organization licensed to conduct gaming.	No T from line 1, column (d) ducts gaming activities _ activities in each of these	No No		Yes No

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015 NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-	-1945347 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	└─ Yes └─ No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ►	 -
Address	Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	└── Yes └── No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party 🕨 \$	
c If "Yes," enter name and address of the third party	
Name ▶	
Address ▶	
16 Gaming manager information	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	a
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	II, lines 9, 9b, 10b, 15b,
532083 09-14-15 Schedule G (F	form 990 or 990-EZ) 201
Contradio di II	

Schedule G	(Form 990 or 990-EZ)	NEUROENDOCRINE	TUMOR	RESEARCH	FOUNDATION20-1945347	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
			•			
				-		
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SCHEDULE I (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

Attach to Form 990.

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

2015

Open to Public Inspection

Employer identification number

Schedule 1 (Form 990) (2015)

NEUROENDO	CRINE TUN	MOR RESEARCH	H FOUNDATI	ON			20-1945347
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	stance?		1				X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	complete if the org	anızatıon answered "\	res" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000 Part II ca	n be duplicated if addi	tional space is need		/// V-II	,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST, 17TH							
FL - PHILADELPHIA, PA 19106	23-6251648	501(c)(3)	275,000.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 154 HAVEN AVE - NEW YORK, NY							
10032	13-5598093	501(c)(3)	160,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-	_	he line 1 table	<u> </u>			2.

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

	20-1945347 Page 2	2
		_
)	(f) Description of non-cash assistance	-
		_
		_
		-
		-
		_
		_
		_
		_
		_
	-	-
		-

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipients	Cash grant	- Casir assistance		
		i			
	-				
		İ			
		1			
Part IV Supplemental Information. Provide the informati	on required in Part I, lin	e 2, Part III, colum	n (b), and any other a	dditional information.	
Part I, Line 2:					
The Organization relies on its	Board of Sc	ientific L	Advisors (B	USA)to	
evaluate research grant applica	ations and m	onitor th	e research	activities of	
grantees in accordance with the	e parameters	identifi	ed in the a	pplications.	
		,			
The BOSA is comprised of leading	· · · · · · · · · · · · · · · · · · ·				
neuroendocrine field. The BOSA	A makes gran	t recomme	ndations to	the Board of	
Directors who must approve all	grant fundi	ng.			
				· <u> </u>	

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

	NEUROENDOCRINE TUMOR RESEARCH FOUNDATION 20-1945347								
Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			; 	
1	Art - Works of art	Ĺ							
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X		25,014.	Stock marke	t quo	te	<u> </u>	
10	Securities - Closely held stock	<u></u>							
11	Securities - Partnership, LLC, or	ł			ł				
	trust interests	<u></u>							
12	Securities - Miscellaneous				<u> </u>		_		
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other			<u> </u>					
15	Real estate - Residential			<u> </u>					
16	Real estate - Commercial	-			<u> </u>				
17	Real estate - Other			<u> </u>	ļ				
18	Collectibles								
19	Food inventory		ļ						
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts			<u> </u>					
23	Scientific specimens								
24	Archeological artifacts				<u> </u>				
25	Other () Other ()								
26	Other ()								
27	Other ()								
28	Other ()	<u> </u>		<u> </u>					
29	Number of Forms 8283 received by the organ		-	l l					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
						<u> Y</u> e	es	No	
30a	During the year, did the organization receive b	-	-		=	1 1	l		
	must hold for at least three years from the dat		al contribution, an	d which is not required to be	used for			37	
	exempt purposes for the entire holding period	7				30a	\dashv	<u>X</u>	
	b If "Yes," describe the arrangement in Part II.								
31								Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a	\dashv	X	
	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	hecked,	1 1			
	describe in Part II.								

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

Schedule M (Form 990) (2015)

Schedule M	(Form 990) (2015)	NEUROENDOCRINE	TUMOR	RESEARCH	FOUNDATION	20-1945347	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Information. Provide the t I, column (b), the number of dditional information.	information contributions	required by Part I, s, the number of it	lines 30b, 32b, and 33, ems received, or a comb	and whether the organ pination of both Also co	nzation omplete
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 20-1945347

NEUROENDOCRINE TUMOR RESEARCH FOUNDATION	20-1945347				
Form 990, Part I, Line 1, Description of Organization Miss	ion:				
The Organization's mission is to support the search for more effective					
treatments and, ultimately, cures for neuroendocrine cance	rs, through				
the funding of innovative research.					
Form 990, Part VI, Section B, line 11:					
All board members receive and review the 990 before it is	submitted.				
Form 990, Part VI, Section B, Line 12c:					
All directors and key employees are required to sign off t	hat they have				
reviewed and disclosed any conflicts of interest, if any,	at least				
annually. The directors review these sign-offs and commen	ts, if any.				
Form 990, Part VI, Section B, Line 15:					
All compensation and related benefits are reviewed and app	proved by the				
independent directors after annual evaluation of the execu	tive director.				
Form 990, Part VI, Section C, Line 19:					
Governing documents, the conflict of interest policy and a	nnual financial				
statements are available to the public upon request.					