EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1 2020 and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address change AMERICAN-ITALIAN CANCER FOUNDATION Name 13-3035711 change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 112 EAST 71ST STREET 212-628-9090 13,944,745. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10021 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANGIE LO Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.AMERICANITALIANCANCER.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1980 M State of legal domicile: NY Part I Summary TO SUPPORT CANCER RESEARCH Briefly describe the organization's mission or most significant activities: Governance EDUCATION AND EARLY DETECTION, (CONT. ON SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 23 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,898,809 1,101,183. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 56,860 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30 271. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 128,944 924. 11 2,084,613 1,132,378, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 669,000 640,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 161,385, 167,819. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 787,064. 305,912. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,617,449. 1,113,731. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 467,164. 18,647. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** o **End of Year** 5,020,727. 4,956,022. Total assets (Part X, line 16) 114,133 120,878. 21 Total liabilities (Part X, line 26) 三年 4,841,889. 4,899,849. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ALEXANDER LAZZARUOLO 3/24/2022 P01775353 Paid self-employed Alexander Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN 13-3628255 Preparer ONE -TOTAL 7TH FL. Firm's address Use Only no.212-661-7777 NEW

May the IRS discuss this return with

No

Yes

	1990 (2020) AMERICAN-ITALIAN CANCER FOUNDATION	13-3035711	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE 0.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ye	es 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	es X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	s, the total expenses,	and
4a	(Code:) (Expenses \$ 685,736. including grants of \$ 640,000.) (Revenu	e\$	
	FELLOWSHIP RESEARCH AWARDS - PROVIDES FINANCIAL SUPPORT FOR THE		
	POST-DOCTORAL RESEARCH OF PROMISING YOUNG SCIENTISTS WHO PURSUE		
	RESEARCH AND ADVANCED TRAINING IN COLLABORATION WITH MENTORS AT MAJOR CANCER CENTERS IN THE US.		
4b	(Code:) (Expenses \$) (Revenue) (Revenue)	e\$	
	CANCER SCREENING - PROVIDES MOBILE CANCER SCREENING, OUTREACH AND		
	EDUCATION TO ECONOMICALLY DISADVANTAGED AND MEDICALLY UNDERSERVED WOMEN IN NEW YORK CITY.		
	11 12 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1		
4c	(Code:) (Expenses \$	e\$	
4d	Other program services (Describe on Schedule O.)		
Tu	(Expenses \$ including grants of \$)	
4e	- · · · · · · · · · · · · · · · · · · ·	,	
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Form 990 (2020) AMERICAN-ITALIAN CANCER FOUNDATION Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
		1 Ie		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-				
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		•
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		•
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u></u>		,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the Usamization attach a copy of its audited financial statements this return?	20b		
21	Did the organization report mole than \$,000 of grams or on en assistance to any do nestic organization or			
	domestic government on Part X, c um (/ / ne 1? / es co. plea Sche lule I, Parts / no II	21	X	I

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Form 990 (2020)

AMERICAN-ITALIAN CANCER FOR Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 J	23		Х
	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	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	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			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а.	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
	Statements Regarding Other IRS Filings and Tax Compliance			_
Part	Check if Schedule O contains a response or note to any line in this Part V			
Par	Check in Contradic C Contrains a response of note to any line in this fact.		1 1	No
Par	· ·		Yes	-140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	Yes	140
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms *** 18** included in line 1a. Enter -0- if not applicable 1b	5	Yes	
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	Yes	

	990 (2020) AMERICAN-ITALIAN CANCER FOUNDATION 13-303571	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	T a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
A	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		A
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		Ь—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
	Gross income from members or shareholders			
b	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10		10		
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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	ļ.,.							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x							
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a									
D		7b		x							
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10									
а	The governing body?	8a	Х								
a b		8b	X								
9	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	00									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	This Section B requests information about policies not required by the internal nevenue code.,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	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	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46		v							
	taxable entity during the year?	16a		Х							
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	4Ch									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b									
	List the states with which a copy of this Form 990 is required to be filed ▶NY										
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s Only)	availa	hle							
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avalla	DIG.							
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
.5	statements available to the public during the tax year.	mail	-iui								
20	State the name, address, and the phone number of the person who possesses the organization's books and records										
	CRISTINA AIBINO/THE FO NDA 20 222 22-209										
	112 E. 71ST STREET, 2B NE Y RK NY 1 0 1										
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<mark>1</mark> than c	no	Reportable	Reportable	Estimated
	hours per	box, unless p			rson i	s both	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	suedu		(W-2/1099-MISC)		organization and related
	organizations below	ualtr	tional		yoldı	st con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CRISTINA AIBINO	40.00	_	_							
EXECUTIVE DIRECTOR				х				121,642.	0.	7,299
(2) DANIELE D. BODINI	3.00									
CHAIRMAN		Х		Х				0.	0.	0
(3) PHILIP OLIVETTI	3.00									
SECRETARY		Х		х				0.	0.	0
(4) ANGIE LO	3.00									
TREASURER				Х				0.	0.	0
(5) FRANCESCA BODINI	3.00							_	_	_
DIRECTOR		Х						0.	0.	0
(6) GIAN ANDREA BOTTA	3.00							_	•	
DIRECTOR	3.00	Х						0.	0.	0
(7) ALBERTO CRIBIORE DIRECTOR	3.00	X						0.	0.	0
(8) CLAUDIO DEL VECCHIO	3.00	Λ						· ·	0.	
DIRECTOR	1.55	х						0.	0.	o
(9) MASSIMO FERRAGAMO	3.00							-	-	
DIRECTOR		х						0.	0.	o
(10) MARIO J. GABELLI	3.00									
DIRECTOR		Х						0.	0.	C
(11) JOSEPH R. PERELLA	3.00									
DIRECTOR		Х						0.	0.	0
(12) OTTAVIO SERENA DI LAPIGIO	3.00									
DIRECTOR		Х						0.	0.	0
(13) LAMBERTO ANDREOTTI	3.00									
DIRECTOR		Х						0.	0.	0
(14) ROBERT F. AGOSTINELLI	3.00									
DIRECTOR		Х						0.	0.	0
	-									
	YN		1			Y		Cop		
	$1\Delta U$		$oxed{L}$					VUU	V	

(A) Name and title	(B)	Ţ	,	(C				ompensated Employee (D)	(E)	(F)	
inallic allu illic	Average	Position (do not check more than one						Reportable	Reportable	Estima	
	hours per	box	, unles	ss per	son is	both	an	compensation	compensation	amour	nt of
	week		cer an	a a a	rector	r/trust	ee)	from	from related	othe	
	(list any hours for	irecto						the	organizations	compen	
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz	
	organizations	truste	al trus		/ee	mpen		(***2/1099****100)		and rel	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je			organiza	
	line)	Indiv	Instit	Officer	Key 6	High emp	Former				
		-									
		1									
b Subtotal								121,642.	0.	,	, 29
c Total from continuation sheets to Par							>	0.	0.		7,29
d Total (add lines 1b and 1c)							<u> </u>	121,642.			, 29
Total number of individuals (including b compensation from the organization		iose	liste	u ab	iove)	WII	o re	ceived more than \$100,	ooo or reportable		
											s I N
										Ye	1
Did the organization list any former offi									•		
line 1a? If "Yes," complete Schedule J f	or such individual									Ye:	
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th	or such individual e sum of reportab	 le co	mpe	nsat	tion	and	oth	er compensation from t	ne organization	3	2
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than S	or such individual e sum of reportab 6150,000? If "Yes	 le cc ," co	mpe mple	ensat	tion Sche	and dule	oth	er compensation from to	ne organization		,
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than S Did any person listed on line 1a receive	or such individual e sum of reportab \$150,000? If "Yes or accrue comper	le co ," co nsati	ompe omple on fr	ensatete S	tion Sche any i	and dule unre	oth J fo	er compensation from the compensation from the compensation from the compensation or individual end organization or individual compensation or individual end or individual en	ne organization	3	2
line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than \$ Did any person listed on line 1a receive rendered to the organization? If "Yes."	or such individual e sum of reportab \$150,000? If "Yes or accrue comper	le co ," co nsati	ompe omple on fr	ensatete S	tion Sche any i	and dule unre	oth J fo	er compensation from the compensation from the compensation from the compensation or individual end organization or individual compensation or individual end or individual en	ne organization	3	2
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than Solid any person listed on line 1a receive rendered to the organization? If "Yes." ection B. Independent Contractors Complete this table for your five highes	or such individual e sum of reportab 5150,000? If "Yes or accrue comper complete Schedul t compensated ind	le co ," co nsati e J f	ompe omple on fr or su	ensate som a	tion Schedany of Derso	and dule unre	oth J fo	er compensation from the compensation from the compensation or individual ed organization or individual entreceived more than \$	ne organization dual for services 100,000 of compensat	3 4 5	2
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than Solid any person listed on line 1a receive rendered to the organization? If "Yes," ection B. Independent Contractors Complete this table for your five highest the organization. Report compensation	or such individual e sum of reportab 5150,000? If "Yes or accrue comper complete Schedul t compensated ind	le co ," co nsati e J f	ompe omple on fr or su	ensate som a	tion Schedany of Derso	and dule unre	oth J fo	er compensation from the compensation from the compensation or individual are transfer from the compensation or individual from the compensation or the compensation of the compensation o	ne organization dual for services 100,000 of compensat	3 4 5	2
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than Solid any person listed on line 1a receive rendered to the organization? If "Yes." ection B. Independent Contractors Complete this table for your five highes	or such individual e sum of reportab \$150,000? If "Yes, or accrue compet complete Schedul t compensated inc for the calendar y	le co ," co nsati e J f	ompe omple on fr or su ender	ensate som a	tion Schedany of Derso	and dule unre	oth J fo	er compensation from the compensation from the compensation or individual ed organization or individual entreceived more than \$	ne organization dual for services 100,000 of compensatear.	3 4 5	
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15590318 152490 K4H00I

Form 990 (2020) AMERICAN-II
Part VIII Statement of Revenue

			Check if Schedule O	cont	aine a rec	onea (or note to any lin	a in this Dart VIII			
			Offeck if Schedule O	COIIL	airis a res	JUI 13C 1	or note to any iin	(A)	(B)	(C)	l (D)
								Total revenue	Related or exempt		Revenuè éxcluded
									function revenue	business revenue	from tax under
						1					sections 512 - 514
nts ts	1	а	Federated campaigns		<u>1</u> a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
A, G		С	Fundraising events		1c		751,517.				
a iii		d	Related organizations		10						
nië Bij			Government grants (contr				249,290.				
Sign			All other contributions, gifts,								
uti Je		•	similar amounts not included	-			100,376.				
Ë		_				\$	24,882.				
o d		_	Noncash contributions included in					1 101 193			
<u>о</u> в		n	Total. Add lines 1a-1f					1,101,183.			
							Business Code				
မွ	2	а									
ه چَ		b	-								
Series		С									
an a		d									
Be		е									
Program Service Revenue			All other program service	reve	nue						
			Total. Add lines 2a-2f				•				
	2										
	3 Investment income (including dividends, interest, and							10 077			10 077
			other similar amounts)					18,977.			18,977.
	4		Income from investment of		-						
	5		Royalties	<u></u>							
					(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
			Gross amount from sales of	"—·	(i) Secu		(ii) Other				
	'	а			12,823		(ii) Guiloi				
			assets other than inventory	/a	12,023	, •					
_		b	Less: cost or other basis		10 011	515					
<u>ا</u> ر			and sales expenses	7b	12,811	,/1/.					
Revenue		С	Gain or (loss)	7с	11						
		d	Net gain or (loss)			<u>,</u>		11,294.			11,294.
Ē	8	а	Gross income from fundraisi	ng ev	vents (not						
₹			including \$	751	,517. of						
			contributions reported on	line	1c). See						
			Part IV, line 18		•	8a	0.				
		h	Less: direct expenses				650.				
			Net income or (loss) from					-650.			-650.
			` '		•		D	030.			030.
	9	а	Gross income from gamin			- 1					
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from	gam	ning activit	ies					
	10	а	Gross sales of inventory,	less	returns						
			and allowances			10a					
		b				1					
			Net income or (loss) from				•				
\neg			The state of the set in the set i	24.0	_ 0	,	Business Code				
ns	44	_	RETURNED GRANTS				900099	1,574.	1,574.		
Miscellaneous Revenue	11						,,,,,	1,3/4.	1,3,4.	 	
llan		b								-	
Se Se		С									
Mis			All other revenue								
		е	Total. Add lines 11a-11c	4		<u>/</u>		1,7/4.			
	12		Total revenue. See instruc	ons			1. C. V.	1 132,378.	1,54.	0.	29,621.
03200	12-	-23-	_	-		_ _				_	Form 990 (2020)

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 (D) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 640,000 640,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 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, trustees, and key employees 97,245. 91,131. 3,057. 3,057. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 59,774. 56,018. 1,878. 1,878. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,740 3,504 118 118. Other employee benefits 9 7,060. 6,616. 222 222. 10 Payroll taxes Fees for services (nonemployees): Management а b Legal 38,063. 11,419. 22,838 3,806. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 2,423. 2,423 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 519 10,716. 9,678. 519. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 71,549 71,529 10 10. 22 Depreciation, depletion, and amortization 705. 36,402. 34,992. 705 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DIRECT PROGRAM COST 131,657. 131,657. OTHER 10,429 7,183 548 2,698. REPAIRS & MAINTENANCE 4,673. 4,205. 234. 234. С d All other expenses 13,247. 1,113,731. 1,067,932 32,552 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint co aver Co educational campaign and fundrai Form 990 (2020)

032010 12-23-20

Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any	y line in this Part X	······			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				20,957.	1	30,061.
	2	Savings and temporary cash investments				400,954.	2	1,049,835.
	3	Pledges and grants receivable, net				289,491.	3	88,496.
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
		controlled entity or family member of any of the	se perso	ons			5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined				
		under section 4958(f)(1)), and persons described			6			
Ø	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	862	,040.			
	b	Less: accumulated depreciation		685	671.	245,863.	10c	176,369.
	11	Investments - publicly traded securities				3,920,122.	11	3,624,130.
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			Г		14	
	15	Other assets. See Part IV, line 11		78,635.	15	51,836.		
	16	Total assets. Add lines 1 through 15 (must equ				4,956,022.	16	5,020,727.
	17	Accounts payable and accrued expenses				114,133.	17	120,878.
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete		- f O - l l- l- D			21	
S	22	Loans and other payables to any current or form	ner offic					
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
ig		controlled entity or family member of any of the	se perso	ons			22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir		Γ		23	
	24	Unsecured notes and loans payable to unrelated	d third p		Г		24	
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X				
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				114,133.	26	120,878.
		Organizations that follow FASB ASC 958, che	ck here	→ X				
Ses		and complete lines 27, 28, 32, and 33.						
<u>a</u> u	27	Net assets without donor restrictions				4,180,531.	27	4,203,351.
Ba	28	Net assets with donor restrictions				661,358.	28	696,498.
<u>n</u>		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌				
Ē		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds					29	
set	30	Paid-in or capital surplus, or land, building, or ed					30	
As	31	Retained earnings, endowment, accumulated in	come, d	or other funds			31	
Ret	32	Total net assets or fund balances				4,841,889.	32	4,899,849.
	33	Total liabilities and net assets/fund balances .				4,956,022.	33	5,020,727.

Form **990** (2020)

Taxpayer Copy

orm	n 990 (2020) AMERICAN-ITALIAN CANCER FOUNDATION	13-303571	1	Pac	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	132,	378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,113,731.		
3	Revenue less expenses. Subtract line 2 from line 1	3		18,	647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	841,	889.
5	Net unrealized gains (losses) on investments	5		39,	313.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,	899,	849.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		За		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN-ITALIAN CANCER FOUNDATION 13-3035711 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Ir

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.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(=,/ == : :	(-)	(-)	(,	(5) = = = =	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	1,791,904.	1,856,196.	2,035,072.	1,898,809.	913,161.	8,495,142.
2	Tax revenues levied for the organ-						
	ization'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	1,791,904.	1,856,196.	2,035,072.	1,898,809.	913,161.	8,495,142.
5	The portion of total contributions					·	<u> </u>
	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)						1,104,094.
_	· · · · · · · · · · · · · · · · · · ·						7,391,048.
	Public support. Subtract line 5 from line 4.						7,331,040.
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0017	(-) 0010	(4) 0010	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016 1,791,904.	(b) 2017 1,856,196.	(c) 2018 2,035,072.	(d) 2019 1,898,809.	(e) 2020 913,161.	(f) Total 8,495,142.
	Amounts from line 4	1,791,904.	1,030,190.	2,033,072.	1,030,003.	913,101.	0,495,142.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	138.	52,210.	73,815.	72,341.	18,977.	217,481.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,389.	26,736.	5,357.	9,433.	1,574.	52,489.
11	Total support. Add lines 7 through 10						8,765,112.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	84.32 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	85.22 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box on	line 13, and line 14	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this I	box and stop here	e. Explain in Part	/I how the organiza	ition
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	olicly supported or	ganization		ightharpoons
b	10% -facts-and-circumstances test	•	•	,			
	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu				-		ightharpoonup
18	.			•	• •		>
				,,,			000 E7\ 0000

Schedule A (Form 990 or 990-EZ) 2020

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	siow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
_	· · · · ·					+	
	Total. Add lines 1 through 5					+	
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons					+	
ı.	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0040	(1) 0047	() 0040	(1) 0040	1 () 2000	(n T
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						
IU	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	 					
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	l					
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
_	check this box and stop here	<u> </u>	<u> </u>				>
	ction C. Computation of Public					T T	
	Public support percentage for 2020 (li		· ·			15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2	•	•			18	% 7 :t
198	a 33 1/3% support tests - 2020. If the					- 4.5	▶ □
	more than 33 1/3%, check this box an	•			•		
k	33 1/3% support tests - 20 16 16 the			_			
	line 18 is not more than 33 1/39, che						
20	Private foundation. If the organization	n o'd rough ck	b x c lin 14, 19	a o 19b, ch ck t	is ox in se in	uctions	P

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Soldedule A (Form 990 or 990-EZ) 2020

Yes | No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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.
- 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)? *** answer line 10b below.
 - b Did the organization have any excess business had in such a large whether the organization had even by he in such as the lines.

1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a

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га	Terry Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly contribute controls either clans or together with persons described in lines 11b and			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	1115		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	Alon 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		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Particle.	3a		
b		a.		
	of its supported organizations. If " es de solbe in Fall VI he like prove to the organization in his year rd.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u> </u>	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
-	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020



Part VI	Supplemental Information Describe the evaluations required by Both Line 10: Both Line 17: or 17b; Both Line 19:
. 3	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.
	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.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN-ITALIAN CANCER FO	DUNDATION		13-3035711
Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds o	r Accour	nts. Complete if the
organization answered "Yes" on Form 990, Part IV, I			
	(a) Donor advised funds	(b) Fur	nds and other accounts
umber at end of year			
ate value of contributions to (during year)			
ate value of grants from (during year)			
ate value at end of year			
organization inform all donors and donor advisors in	n writing that the assets held in donor advise	d funds	
organization's property, subject to the organization's	s exclusive legal control?		Yes 🔲 M
organization inform all grantees, donors, and donor	advisors in writing that grant funds can be u	sed only	
itable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring	
issible private benefit?			Yes
Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, P	art IV, line 7	
e(s) of conservation easements held by the organiza	tion (check all that apply).		
reservation of land for public use (for example, recre	eation or education) Preservation of	a historically	important land area
rotection of natural habitat	Preservation of	a certified hi	storic structure
reservation of open space			
te lines 2a through 2d if the organization held a qua	lified conservation contribution in the form o	f a conserva	ation easement on the last
ne tax year.			Held at the End of the Tax Ye
		2a	
of conservation easements on a certified historic st			
of conservation easements included in (c) acquired			
the National Register		I	
r of conservation easements modified, transferred, re			during the tax
or concervation saccinents meaning, transferred, it	cicadoa, oxungaisnoa, or terminated by the t	organization	daming the tax
r of states where property subject to conservation ea	asement is located		
e organization have a written policy regarding the po	•		
ns, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •		Yes N
d volunteer hours devoted to monitoring, inspecting			
a volunteer flours devoted to morntoning, inspecting	g, that family of violations, and emoroting consc	i valion case	anonia during the year
t of expenses incurred in monitoring, inspecting, har	adling of violations, and enforcing conservati	on oacomon	te during the year
of expenses incurred in monitoring, inspecting, har	iding of violations, and emorcing conservati	on casemen	is during the year
ach conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)(4)(B)(i)	
			Yes 1
tion 170(n)(4)(B)(ii)?			
		tatement an	nd
tion 170(h)(4)(B)(ii)? XIII, describe how the organization reports conserva sheet, and include, if applicable, the text of the foo	tion easements in its revenue and expense s		

	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor ad	vised funds	(b) Fu	nds 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 v	writing that the assets	s held in donor advised	funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any other purpose co	nferring	
	impermissible private benefit?				Yes No
Par	T II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, Pa	rt IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of a	historically	/ important land area
	Protection of natural habitat		Preservation of a	certified h	istoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribution in the form of	a conserva	ation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	T				
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not	on a historic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the or	ganization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	pection, handling of		
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conser	vation eas	ements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enforcing conservation	n easemer	nts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above		` ' '	,, ,,,	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	on's financial statement	s that des	cribes the
Do	organization's accounting for conservation easements.	Art Historiaal T	roccuros or Othe	r Cimile	y Appata
Pai	t III Organizations Maintaining Collections of		reasures, or Oure		ii Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	'			
	of art, historical treasures, or other similar assets held for pub	•	,	nerance of	public
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in further	ance of pu	iblic service,
	provide the following amounts relating to these items:				Φ.
	(i) Revenue included on Form 990, Part VIII, line 1				5
•					•
2	If the organization received or held works of art, historical treat			ain, provid	е
_	the following amounts required to be reported under FASB A	SO 958 relating to th	ese items:		Φ
a		1 / O K			\$
	Assets included in Form 990, Lart X	fo or 2 000	(,()[) \ /-	\$ Schedule D (Form 990) 2020
	For Paperwork Reduction Act No ce set the astruction	TO VOI 1 (95).		y	Juliedule D (FUI III 990) 2020

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public achibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization social or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	Similar As	sets	(continu	ed)
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ke sign	ificant use o	f its		,
b Scholarly research corrections of future generations c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds a starth than to be maintained as part of the organization's collection?		collection items (check all that apply):								
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's	exemp	t purpose in	Part XI	II.	
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other sir	milar as	sets			
Teported an amount on Form 990, Part X, line 21. Tem 990, Part X Invested										☐ No
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organizatio	n answered "Yes	s" on Fo	orm 990, Par	t IV, lin	e 9, or	
on Form 990, Part X? Ves		reported an amount on Form 990, Par	t X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1b If If Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Did If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Did If Yes, "Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Did If Yes, "Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Did If Yes, "Sayling the Yes" on Form 990, Part IV, line 10. 2c Did If Yes, "Sayling the Yes" on Form 990, Part IV, line 10. 2c Did Contributions 2c Did Gas, 12, 1799, 186, 860,606, 647,212. 3c Did Gas, 1, 1977, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets	not inc	luded			
C Beginning balance 1 C C		on Form 990, Part X?							Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability. 2d Did the organization include an amount on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 2d Did Equipment 2d Did the organization include an amount on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 2d Equipment 2d Did the organization include an amount on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 2d Equipment 2d Did Three Part VII Land Buildings, and Equipment 2d Did Equipment 2d Did Three	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
d Additions during the year								F	Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 661, 358. 628, 812. 799, 186. 860, 606. 647, 212. b Contributions 540, 637. 903, 673. 916, 760. 935, 721. 996, 409. c Net investment earnings, gains, and losses 1,997. 5,939. 8,363. 9,1961,533. d Grants or scholarships e Other expenditures for facilities and programs 507, 494. 877, 066. 1,095, 497. 1,006, 337. 781, 482. f Administrative expenses g End of year balance 696, 498. 661, 358. 628, 812. 799, 186. 860, 606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 81.2300 % b Permanent endowment ▶ 81.2700 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) 1a Land b Buildings c LaseAbold improvements 11,709, 11,709, 0. c See form 990, Part X, line 10.	С	Beginning balance					1c			
The finding balance The provided on amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The provided on Part XIII The provided on Pa	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e			
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Tendowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1	f	Ending balance					1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Comment Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Comment Complete if the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a, 799, last (d) Three years back (e) Four year back (e) Four years back (e) Four year year year year year year year yea	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account	liability'	?	Ш	Yes	☐ No
Table Beginning of year balance 661,388. 628,812. 799,186. 860,606. 647,212.										
1a Beginning of year balance 661,358, 628,812, 799,186, 860,606, 647,212. b Contributions 540,637, 903,673, 916,760, 935,721, 996,409. c Net investment earnings, gains, and losses d Grants or scholarships 1,997, 5,939, 8,363, 9,196, -1,533. e Other expenditures for facilities and programs 507,494, 877,066, 1,095,497, 1,006,337, 781,482. f Administrative expenses 696,498, 661,358, 628,812, 799,186, 860,606. g End of year balance 696,498, 661,358, 628,812, 799,186, 860,606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 18,2300 % b Permanent endowment ▶ 81,7700 % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization sendowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other)	Pai	T V Endowment Funds. Complete i		swered "Yes" on Fo	rm 990, Part IV,					
b Contributions										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a				-					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 696, 498. 661, 358. 628, 812. 799, 186. 860, 606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 18, 2300 96 c Term endowment 18, 2300 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements f 11,709, 11,709, 0. c 173,477, 597,108, 176,369.	b	Contributions					<u> </u>			
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 696,498. 661,358. 628,812. 799,186. 860,606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 18,2300 781,482. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 18,2300 7 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Describe improvements 11,709, 11,709, 0. 170,705, 10,005, 10,	С		1,997.	5,939.	8,36	63.	9,1	.96.		-1,533.
and programs 507,494. 877,066. 1,095,497. 1,006,337. 781,482. f Administrative expenses	d	Grants or scholarships								
f Administrative expenses g End of year balance 696,498. 661,358. 628,812. 799,186. 860,606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities							_	
g End of year balance 696,498. 661,358. 628,812. 799,186. 860,606. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			507,494.	877,066.	1,095,49	97.	1,006,3	37.	7	81,482.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses	505 100							
a Board designated or quasi-endowment ▶	g		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	12.	799,1	.86.	8	60,606.
b Permanent endowment ► 18.2300	2	•	ent year end balance	e (line 1g, column (a)) held as:					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements f 11,709, 11,709, 0. d Equipment 773,477, 597,108, 176,369.	а			_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 11,709. 11,709. 11,709. 0. 4 Gequipment 773,477. 597,108. 176,369.										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 11,709, 11,709, 0. 4 Gequipment 773,477, 597,108, 176,369, 0.	С									
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations			•							
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 11,709, 11,709, 0. d Equipment 773,477, 597,108, 176,369.	3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	ıd administered f	for the o	organization			
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land b Buildings c Leasehold improvements 11,709. 11,709. 11,709. 0. 4 Description of property (b) Cost or other basis (other) 11,709. 11,709. 0. 176,369.										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements fund. (b) Cost or other basis (other) c Leasehold improvements fund. 11,709. 11,709. 0. d Equipment 773,477. 597,108. 176,369.										-
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 11,709. 11,709. 0. 4 Equipment 773,477. 597,108. 176,369.										X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 11,709. 11,709. 0. 4 Equipment 773,477. 597,108. 176,369.									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) Columndated depreciation 1a Land b Buildings c Leasehold improvements 11,709. 11,709. 0. 4 Equipment 773,477. 597,108. 176,369.				wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 11,709. 11,709. 0. 4 Equipment 773,477. 597,108. 176,369.	Fai			D-4 N/ Pa- 44 - 0	F 000 D-	V . P	- 40			
basis (investment) basis (other) depreciation b Buildings 11,709. 11,709. 0. c Leasehold improvements 773,477. 597,108. 176,369. d Equipment 76,054. 76,054. 76,054. 76,054.		· · · · · · · · · · · · · · · · · · ·						Τ.		
b Buildings 11,709. 11,709. 0. c Leasehold improvements 773,477. 597,108. 176,369. d Equipment 76,054. 76,054. 76,054.		Description of property	1 ' '					(d) Book	value
c Leasehold improvements 11,709. 11,709. 0. d Equipment 773,477. 597,108. 176,369.	1a	Land								
d Equipment 773,477. 597,108. 176,369.										
76.054	С	Leasehold improvements					11,709.			
e Other	d	Equipment					597,108.		1	
							•			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 10	Oc.)				1	76,369.

Schedule D (Form 990) 2020

Taxpayer Copy

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
E	(b) DOOR VAILE	(S) Michiga of Valuation. Cost of Gift	a or your marker value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15)	>	
otal. (Column (b) must equal Form 990, Part X, col. (B) line	10.,		
Part X Other Liabilities.	,		
Part X Other Liabilities. Complete if the organization answered "Yes" of	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability	,	11e or 11f. See Form 990, Part X, line 25	. (b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	,	l 1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	,	l 1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	n Form 990, Part IV, line 1		(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	25.) he text of the footnote to	the organization's financial statements t	(b) Book value

13-3035711

Part XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV		venue per ne	turri.	
1 Total revenue, gains, and other support per audited financial statements			1	1,239,268.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	39,313.		
b Donated services and use of facilities		70,000.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	•		2e	109,313.
3 Subtract line 2e from line 1			3	1,129,955.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,423.		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	2,423.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	1,132,378.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With E	kpenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV				1 101 300
1 Total expenses and losses per audited financial statements			1	1,181,308.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	70,000.		
a Donated services and use of facilities		70,000.	-	
b Prior year adjustments	_		-	
c Other losses			-	
d Other (Describe in Part XIII.)	·		-	70,000.
e Add lines 2a through 2d			2e	1,111,308.
3 Subtract line 2e from line 1			3	1,111,300.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	2,423.		
a Investment expenses not included on Form 990, Part VIII, line 7b		2, =23.	-	
b Other (Describe in Part XIII.)			4.	2,423.
c Add lines 4a and 4b			4c 5	1,113,731.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	9 18.)		<u> </u>	1,113,731.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			-, r art A, iii	10 Z, 1 at AI,
PART V, LINE 4:				
TEMPORARILY RESTRICTED NET ASSETS INCLUDE GIFTS AND OTHER A	ASSETS RECEIVED			
WITH DONOR STIPULATIONS THAT LIMIT THE USE OF DONATED ASSES	rs for A			
SPECIFIC PURPOSE OR RELATE TO FUTURE PERIODS. WHEN A DONOR	R TIME			
RESTRICTION EXPIRES OR THE PURPOSE RESTRICTION IS ACCOMPLIS	SHED,			
TEMPORARILY RESTRICTED ASSETS ARE RECLASSIFIED TO UNRESTRIC	CTED NET ASSETS			
AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET ASSETS F	RELEASED FROM			
RESTRICTIONS. TEMPORARILY RESTRICTED NET ASSETS CONSIST OF	THE			
SHIFRIN-MYERS ENDOWMENT FUND AND GRANTS THAT RELATE TO FUTU	JRE PERIODS. THE			
SHIFRIN-MYERS ENDOWMENT FUND, ORIGINALLY \$500,000 IS DONOR-	-DESIGNATED TO			
SUPPORT (I) FELLOWSHIPS FOR ONCOLOGY RESEARCH AND (II) CLIN	NICIANS TO WORK			
AT LEADING FOREIGN OR U.S. INITERSITIAN OR CANCER CENTERS.	THIS FUID'S	DV		
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Taxpayer Copy

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
	TALIAN CANCER FOUNDATION					13-303571	
Fundraising Activities required to complete this par	 Complete if the organization answers t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following solicitates of Solicitates of Solicitates of Special solicitates of or oral agreement with any individual solicitates of entities (fundraisers) pursuriduals or entities (fundraisers) pursuriduals or entities (fundraisers)	ation of ation of I fundra (includation	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit		utions	or has been notified	it is e	exempt from re	gistration
					_		
LHA For Paperwork Reduction Ac: Not			990-	し の p	Sc le	tile G (Form 9	90 or 990-EZ) 2020
032081 11-25-20							

	rt I	of fundraising Events . Complete if the of fundraising event contributions and great of fundraising event contributions and great of fundraising events.				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BENEFIT DINNER	(ovent type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	751,517.			751,517.
	2	Less: Contributions	751,517.			751,517.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				650.
	10				>	650.
	11					-650.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	I		T
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
03208	32 11	Tax	nave	er Co	Schedule G (Fo	rm 990 or 990-E Z) 2020
		I GA	Pay C		' '	

Sch	edule G (Form 990 or 990-EZ) 2020 AMERICAN-ITALIAN CANCER FOUNDATION	13-3035711	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:		
		122	0/
	The organization's facility		<u>%</u>
	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 >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party \$\bigs\sum_{\text{sq}}\$	-	
_	If "Yes," enter name and address of the third party:		
٠	in Tes, enter hame and address of the tillid party.		
	Nama 🏲		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
	bilector/officer Employee independent contractor		
4-	Manufacture d'at the d'anne		
	Mandatory distributions:		
а	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	ne	
_	organization's own exempt activities during the tax year > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	Laynavar ('onv		
	- I axpayor Cupy		
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edule G (Form 990 or 990-EZ) AMERICAN-ITA Tri IV Supplemental Information (continue)	LIAN CANCER FOUNDATION	13-3035711	Page 4
TIV Supplemental Information (continu	ed)		
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SCHEDULE I (Form 990)

Department of the Treasury 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN-ITAL1	AN CANCER FOU	JNDATION					Employer identification number 13-3035711
Part I General Information on Grants ar	nd Assistance					•	
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?					stance, and the selecti	on X Yes No
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990. Part	IV. line 21. for any
recipient that received more than \$	=						, = .,,
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 noncash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL PO BOX 414413							
BOSTON, MA 02241-4413	04-2774441	501(C)(3)	40,000.	0.			CANCER RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 399 REVOLUTION DR, SUITE 700 SOMERVILLE, MA 02145	04-2312909	501(C)(3)	40,000.	0.			CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, 10BP BOSTON, MA 02215	04-2263040	501(C)(3)	40,000.	0.			CANCER RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE BOX #3500 - NEW YORK, NY 10029	13-6171197	501(C)(3)	40,000.	0.			CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST, BULFINCH130 BOSTON, MA 02114	04-1564655	501(C)(3)	80,000.	0.			CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - PO BOX 26338 - NEW YORK, NY 10087	13-1924236	501(C)(3)	80,000.	0.			CANCER RESEARCH
2 Enter total number of section 501(c)(3)	rnment org	ganizations listed in th	e line 1 table				14.
3 Enter total number of other organizations	li red in the e	tab					>
LHA For Paperwork Reduction Act Notice,		or for Lorm 90	1VE		<i>y</i> ()(JV	Schedule I (Form 990) 2020

STANFORD UNIV PO BOX 44253 SPAN FRANCISCO, CA 94144-4253 PO HOW STANFORD UNIV PO BOX 931568 SLEEVELAND, OH 44193-3010 PO BOX 931568 SLEEVELAND, OH 44193-3010 PO BOX 931568 SLEEVELAND, OH 24193-3010 PO BOX 931568 SLEEVELAND, OH 24193-3010 PO BOX 931568 SLEEVELAND, OH 3500 GILMAN DRIVE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE REGENTS OF STANFORD S	art II.)
2.O. BOX 415026 13-5562308 501(C)(3) 40,000. 0. IORTHWESTERN UNIVERSITY 333 CLARK, ROOM G594 EVANSTON, IL 60208 36-2167817 501(C)(3) 40,000. 0. STANFORD UNIV 20 BOX 44253 EVANCE CLEVELAND CLINIC FOUNDATION 20 BOX 931568 LEVELAND, OH 44193-3010 34-0714585 501(C)(3) 40,000. 0. CHE REGENTS OF THE UNIVERSITY OF EVALIFORNIA - 9500 GILMAN DRIVE 10934 - LA JOLLA, CA 92093-0934 95-6006143 501(C)(3) 40,000. 0. ICLA 105 HILGARD AVENUE 106 ROSEDALE AVENUE 107 ROSEDALE AVENUE 108 ROSEDALE AVENUE 109 ROSEDALE AVENUE 109 ROSEDALE AVENUE 100 ROSEDALE AVENUE 100 ROSEDALE AVENUE 101 ROSEDALE AVENUE 102 ROSEDALE AVENUE 103 ROSEDALE MEDICINE 104 ROSEDALE MEDICINE 105 BOX 22371	(g) Description of non-cash assistance (h) Purpose of grant or assistance
2.0. BOX 415026 30STON, MA 02241-5026 13-5562308 501(C)(3) 40,000. 0. STANFORD UNIV DO BOX 44253 SAN FRANCISCO, CA 94144-4253 P4-1156365 501(C)(3) 40,000. 0. STANFORD UNIV DO BOX 931568 LEEVELAND, OH 44193-3010 THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE 40934 - LA JOLLA, CA 92093-0934 JOLLA 105 HILGARD AVENUE 106 ROSEDALE AVENUE 107 ROSEDALE AVENUE 108 ROSEDALE AVENUE 109 ROSEDALE AVENUE 109 ROSEDALE AVENUE 100 ROSEDALE AVENUE 101 ROSEDALE AVENUE 102 ROSEDALE AVENUE 103 ROSEDALE AVENUE 104 ROSEDALE AVENUE 105 ROSEDALE AVENUE 106 ROSEDALE AVENUE 107 ROSEDALE AVENUE 108 ROSEDALE AVENUE 109 ROSEDALE AVENU	
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Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE AMERICAN-ITALIAN CANCER FOUNDATION'S SCIENTIFIC	C ADVISORY BO	ARD REVIEWS			
THE APPLICATIONS OF POST-DOCTORAL RESEARCH FELLOWS	WHO PURSUE R	ESEARCH AND			
ADVANCED TRAINING IN COLLABORATION WITH MENTORS AT	MAJOR CANCER	CENTERS IN			
THE UNITED STATES. UP TO 20 FIRST-AND-SECOND-YEAR 1	FELLOWSHIP CA	NDIDATES ARE			
THEN RECOMMENDED TO THE BOARD OF DIRECTORS FOR APPR	ROVAL. THE SO	CIENTIFIC			
ADVISORY BOARD ALSO REVIEWS NOMINATIONS FOR THE PR	IZE FOR SCIEN	TIFIC			
EXCELLENCE IN MEDICINE FROM LEADERS ND OT AFTI	LATES OF THE	VAJOR	v C	Ony	
MEDICAL SCHOOLS AND CANCER CENTERS I THE UNDER ST	TE CI	J.s V			
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Schedule I (Form 990

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

AMERICAN-ITALIAN CANCER FOUNDATION

Employer identification number 13-3035711

Taxel for companions Payments for business use of personal use Travel for companions Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Yes N Nest	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	lo
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study	
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establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study	
Compensation committee Written employment contract Independent compensation consultant Compensation survey or study	
☐ Independent compensation consultant ☐ Compensation survey or study	
Form 900 of other organizations X Approval by the board or compensation committee	
Approval by the board of compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	
Translate in or receive payment normal supplemental mondamined retirement plans.	<u> </u>
Translate in a receive payment non-air equity based compensation arrangements.	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Out	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of: a The organization?	7
- The organization	
b Any rolated organization:	
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of: a The organization? 6a 2	ζ
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	_
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
	ζ
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
	ζ
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	

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

Schedule J (Form 990) 2020



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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
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032112 12-07-20				, •••			Sched	ule J (Form 990) 2020

Doubling Compilemental Information	
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

AMERICAN-ITALIAN CANCER FOUNDATION	13-3035711
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
EMPHASIZING THE UNIQUE RESOURCES OF ITALY & USA, RECOGNIZING	
WORLD-CLASS SCIENTIFIC EXCELLENCE IN MEDICINE.	
PART III - LINE 1	
THE MISSION OF THE AMERICAN-ITALIAN CANCER FOUNDATION ("AICF") IS TO	
SUPPORT CANCER RESEARCH, EDUCATION, AND CONTROL, EMPHASIZING THE	
OUTSTANDING RESOURCES OF ITALY AND THE UNITED STATES, RECOGNIZING	
WORLD-CLASS SCIENTIFIC EXCELLENCE IN MEDICINE, AND SERVING ECONOMICALLY	
DISADVANTAGED, MEDICALLY UNDER-SERVED NEW YORK CITY WOMEN THROUGH	
BREAST CANCER SCREENING, OUTREACH, AND EDUCATION.	
FORM 990, PART VI, SECTION A, LINE 2:	
DANIELE D. BODINI (CHAIRMAN) AND FRANCESCA BODINI (DIRECTOR) HAVE A FAMILY	
RELATIONSHIP. ANGIE LO AND DANIELE BODINI (CHAIRMAN) HAVE A BUSINESS	
RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 3:	
AICF HAS AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A PROFESSIONAL EMPLOYMENT	
ORGANIZATION ("PEO") WHICH PROVIDES A COMPREHENSIVE PERSONNEL MANAGEMENT	
SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES, INCLUDING BENEFITS AND	
PAYROLL ADMINISTRATION, HEALTH AND WORKER'S COMPENSATION INSURANCE	
PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER LIABILITY MANAGEMENT, ETC.	
EMPLOYEES ARE INCLUDED IN A FORM W-3, TRANSMITTAL OF WAGE AND TAX	
STATEMENTS, ISSUED DIRECTLY BY THE PRO AN OHERED DEE PLOS DE NOT ISSUE / LHA For Paperwork Reduction Ac No Ce se the Istruction folloring 990 r 990-EX.	ule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization AMERICAN-ITALIAN CANCER FOUNDATION	Employer identification number 13-3035711
FORM W-3 OR FORM W-2.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE TREASURER PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AICF REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY	
REQUIRING ANNUAL DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF KEY EMPLOYEES IS DISCUSSED BY THE EXECUTIVE DIRECTOR AND	
THE CHAIRMAN.	
FORM 990, PART VI, SECTION C, LINE 19:	
AICF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AMERICAN-ITALIAN CANCER FOUNDATION 13-3035711 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 112 EAST 71ST STREET, NO. 2B return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10021 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (other than individual) Form 4720 (individual) Form 990-PF Form 5227 10 Ω4 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 CRISTINA AIBINO/THE FOUNDATION The books are in the care of > 112 E. 71ST STREET, 2B - NEW YORK, NY 10021 Fax No. > 212-517-6089 Telephone No. ▶ 212-628-9090 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning JUL 1, 2020 JUN 30, 2021 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71ST STREET NO. 2B NEW YORK, NY 10021

PREPARED BY:

CONDON O'MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020

Open to Public Inspection

1 General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2020 and Ending (mm/dd/yyyy) 06/30/2021					
Check if Applicable:		Organization:	_		Employer Identification Number (EIN):
Address Change			AN CANCER FOU	NDATION	13-3035711
Name Change	Mailing Ac	ldress:			NY Registration Number:
Initial Filing	112 E	EAST 71ST	STREET, NO. 2	В	02-75-69
Final Filing	City / State				Telephone:
Amended Filing	NEW Y	ORK, NY	10021		212 628-9090
Reg ID Pending	Website:				Email:
		MERICANIT	ALIANCANCER.C	RG	
Check your organization			TT.		Confirm your Registration Category in the
registration category:	7A	only EPTL	only X DUAL (7A	& EPTL) EXEMPT* (Charities Registry at <u>www.CharitiesNYS.com</u> .
2. Certification					
See instructions for certi-	fication requ	irements. Imprope	r certification is a violatior	of law that may be subject	to penalties. The certification requires
two signatories.					
We certify under a	penalties of	periury that we revi	ewed this report including	a all attachments and to the	best of our knowledge and belief,
				s of the State of New York ap	
President or Authorized	Officer:				
		Signature		Print Name	e and Title Date
		Ū			
Chief Financial Officer of	r Treasurer:				
		Signature		Print Name	e and Title Date
3. Annual Reporting	g Exempt	tion			
Check the exemption(s) t	that apply to	your filing. If your	organization is claiming a	n exemption under one cate	gory (7A or EPTL only filers) or both
			-	·	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or
categories (DUAL filers) t	hat apply to	your registration,	complete only parts 1, 2,	and 3, and submit the certific	
categories (DUAL filers) t	hat apply to re required.	your registration, of If you cannot claim	complete only parts 1, 2,	and 3, and submit the certific	ed Char500. No fee, schedules, or
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categories (DUAL filers) t additional attachments a schedules and attachme 3a. 7A filii exceed \$; contributi	that apply to the required. Ints and pay the samption of the sample of the sample of the sample of the sample of t	your registration, of the fiscal year. If you cannot claim applicable fees. In: Total contribution the organization dienthe fiscal year.	complete only parts 1, 2, and an exemption or are a Dispersion of a point of the complete one of the compl	and 3, and submit the certifice JAL filer that claims only one ng residents, foundations, go al fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption by ernment agencies, etc. did not raising counsel (FRC) to solicit
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization? NYS registration status. (Class not refer to its JFS tail designation)

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000	o and up to \$750,000.
X Audit Report if you received total revenue and support greater than \$750,000	
No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
5 74 181M C	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	78 Class and market and the additional floating to New York
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	, ,
For EDTL and DLIAL filors, calculate the EDTL fee:	EPTL filers are registered under the Estates, Powers & Trusts
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations . These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports but may do so voluntarily.
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntamy.
	Confirm your Registration Category and learn more about NY
Cond Vous Filing	law at <u>www.CharitiesNYS.com.</u>
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
ADVO OUT THE ALL OF THE	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street New York NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).
NEW TOLK INT 1000	I OLAI LIADIILIGO II AIL II. III IG ZJIDII.

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.g

Email: Charities.Bureau@ag.ny.gatalanda

Charities.Charities.Charities.Charities.Charities.Charities.Charities.Charities.Charities.Chari

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
AMERICAN-ITALIAN CANCER FOUNDATION	02-75-69

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYC DEPT. OF HEALTH & MENTAL HYGIENE	1. 249,290
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 249,290



Financial Statements for year ended June 30, 2021

CONDON O'MEARA McGinty ど DONNELLY LLP

Independent Auditor's Report

To the Board of Directors American-Italian Cancer Foundation Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777

Fax: (212) 661 - 4010

We have audited the accompanying financial statements of American-Italian Cancer Foundation which comprise the statement of financial position as of June 30, 2021 and June 30, 2020 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America: this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American-Italian Cancer Foundation as of June 30, 2021 and June 30, 2020 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Mean Mc Sinty & Donnelly AXDAVER CODY November 19, 2021

Statement of Financial Position

Assets

	Ju	ne 30
	2021	2020
Assets		,
Cash and cash equivalents	\$ 301,727	\$ 304,467
Investments, at fair value	4,402,299	4,037,566
Contributions receivable	88,496	289,491
Other assets	51,836	78,635
Property and equipment, net	<u>176,369</u>	245,863
Total assets	<u>\$5,020,727</u>	<u>\$4,956,022</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable, accrued expenses and other	<u>\$ 120,878</u>	<u>\$ 114,133</u>
Net assets		
Without donor restrictions	4,203,351	4,180,531
With donor restrictions	696,498	661,358
Total net assets	4,899,849	4,841,889
Total liabilities and net assets	\$5,020,727	\$4,956,022

Statement of Activities

		7000	Year Ended June 30	ed June 30		
		7707			2020	
_	Without	With		Without	With	
T	Donor	Donor	1-7-1	Donor	Donor	F
Support and revenue	Restrictions	Restrictions	1 0 1 2 1	Kestrictions	Kestrictions	Lotal
Logram revenue and grants	\$ 249,290	\$ 88,500	\$ 337,790	\$ 489,679	\$ 91,667	\$ 581,346
Fund-raising special events, net of direct costs				`		
of \$114,711 in 2020	299,380	452,137	751,517	599,782	768,905	1,368,687
ther support	11,876	ı	11,876	25,186	43,101	68,287
Dividends and interest income, net	14,557	1,997	16,554	64,223	5,939	70,162
Net realized and unrealized gain (loss) on investments	50,607	1	50,607	(10,186)	1	(10,186)
R eturned grants	1,574		1,574	9,433	1	9,433
Net assets released from restrictions	507,494	(507,494)	1	877,066	(877,066)	,
Total support and revenue	1,134,778	35,140	1,169,918	2,055,183	32,546	2,087,729
Contributed space	70,000		70,000	70,000	1	70,000
Total revenue	1,204,778	35,140	1,239,918	2,125,183	32,546	2,157,729
Expenses						
Program services						
Fellowship research awards	706,736	1	706,736	672,065	ı	672,065
Cancer screening	424,196	1	424,196	788,392	1	788,392
Cancer education and awards	1	1	1	123,062	1	123,062
Total program services	1,130,932	1	1,130,932	1,583,519	1	1,583,519
Supporting activities	17 207		1001	11 00 1		,
Management and general	33,629	1 1	17,597	41,821	ı	41,821
Total supporting activities	51,026	1	51,026	101,751	1 1	101,751
Total expenses	1,181,958	1	1,181,958	1,685,270	1	1,685,270
Increase in net assets	22,820	35,140	57,960	439,913	32,546	472,459
Net assets, beginning of year	4,180,531	661,358	4,841,889	3,740,618	628,812	4,369,430
Net assets, end of year	\$4,203,351	\$ 696,498	\$ 4,899,849	\$ 4,180,531	\$ 661,358	\$4,841,889

See notes to financial statements.

Statement of Functional Expenses For year ended June 30, 2021

٦		Program Services	S		Supporting Activities	Activities		
Γ			Cancer					
a	Fellowship Research	Cancer	Education and	Total Program		Management and	Total Supporting	
X	Awards	Screening	Awards	Services	Fundraising	General	Activities	Total
Direct program costs	\$ 640,000	\$ 131,657	· S	\$ 771,657	ı ⇔	•	· \$	\$ 771.657
Pavrol and related	31,649	125,620	ı	157,269	5,275	5,275	10,550	167,819
Reat	21,000	42,000	•	63,000	3,500	3,500	7,000	70,000
Orthe supplies and						.	`	
sub-riptions	3,111	6,567	1	879,6	1,169	519	1,038	11,366
Repairs and								`
namenance	1,402	2,803	1	4,205	234	234	468	4,673
Dept. iation	62	71,467	ı	71,529	10	10	20	71,549
Professional fees	3,806	7,613	Ī	11,419	3,806	22,838	26,644	38,063
Insurance	4,231	30,761	ı	34,992	705	705	1,410	36,402
Other	1,475	5,708	1	7,183	2,698	548	3,246	10,429
Total expenses	\$ 706,736	\$ 424,196	-	\$ 1,130,932	\$ 17,397	\$ 33,629	\$ 51,026	\$ 1,181,958
Sentes to financial statements.	statements.							

Statement of Functional Expenses For year ended June 30, 2020

7		Program Services	S		Supporting Activities	Activities		
Γ			Cancer					
a	Fellowship Research	Cancer	Education and	Total Program		Management and	Total Supporting	
X	Awards	Screening	Awards	Services	Fundraising	General	Activities	Total
Direct program costs	\$ 569,000	\$ 368,512	\$ 104,445	\$ 1,041,957	69	· ·	- - -	\$ 1.041.957
Pavrol and related	62,250	258,652	10,377	331,279	20,750	20,750	41,500	372,779
RA	21,000	31,500	3,500	26,000	7,000	7,000	14,000	70,000
Orther supplies and							•	`
subscriptions	6,430	10,862	1,072	18,364	2,143	2,143	4,286	22,650
Repairs and								
rantenance	3,002	4,502	200	8,004	1,000	1,000	2,000	10,004
Depresiation	1	72,879	ı	72,879	•	•	1	72,879
Professional fees	4,446	699'9	2,223	13,338	4,446	26,675	31,121	44,459
Insurance	3,676	24,559	613	28,848	1,225	1,225	2,450	31,298
	2,261	10,257	332	12,850	5,257	1,137	6,394	19,244
	370 CE7 &	000000000000000000000000000000000000000		000				1
A otal expenses	017,000	D 188,392	\$ 173,067	\$ 1,585,519	\$ 41,821	\$ 59,930	\$ 101,751	\$ 1,685,270
Septes to financial statements.	statements.							

Statement of Cash Flows

		Year E June		d
		2021		2020
Cash flows from operating activities				
Increase in net assets	\$	57,960	\$	472,459
Adjustments to reconcile increase in net assets				
to net cash provided by operating activities				
Depreciation		71,549		72,879
Receipt of donated stock		(24,882)		(10,106)
Sale of donated stock		24,882		10,106
Net realized and unrealized (gain) loss on investments		(50,607)		10,186
(Increase) decrease in assets				
Contributions receivable		200,995		(18,359)
Other assets		26,799		(39,152)
Increase (decrease) in accounts payable,				
accrued expenses and other		6,745		(3,973)
Net cash provided by operating activities		313,441		494,040
Cash flows from investing activities				
Purchases of investments	(1	2,451,532)	(1	3,894,113)
Proceeds from sale of investments	1	2,798,131	1	3,376,380
Change in investment money market		(660,725)		-
Expenditures for property and equipment	2000	(2,055)		-
Net cash (used in) investing activities		(316,181)		(517,733)
Net (decrease) in cash and cash equivalents		(2,740)		(23,693)
Cash and cash equivalents, beginning of year		304,467		328,160
Cash and cash equivalents, end of year	\$	301,727	\$	304,467

Notes to Financial Statements June 30, 2021

Note 1 – Nature of Organization

The American-Italian Cancer Foundation ("AICF") is a non profit organization incorporated in the State of New York in May 1980.

AICF's mission is to support cancer research, education and early detection, emphasizing the unique resources of Italy and the United States, recognizing world-class scientific excellence in medicine, and serving economically disadvantaged, medically underserved women in New York City through a mobile, no-cost breast cancer screening, outreach and education program.

Note 2 – Summary of significant accounting policies

Net assets

AICF reports information regarding its financial position in two classes of net assets, which are as follows:

Without donor restrictions

Net assets without restrictions consist of funds available for operating purposes.

The Alessandro & Catherine di Montezemolo Fellowship Endowment Fund, originally \$500,000, is a board-designated fund established to support oncology research.

Net assets with donor restrictions

Net assets with temporary donor restrictions

Net assets include gifts and other assets received with donor stipulations that limit the use of donated assets for a specific purpose or relate to future periods. When a donor time restriction expires or the purpose restriction is accomplished, net assets with temporary donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Net assets with donor restrictions consist of the Shifrin-Myers Endowment Fund and grants that relate to future periods.

The Shifrin-Myers Endowment Fund (the "Fund"), is donor-restricted to support (i) fellowships for oncology research and (ii) clinicians to work at leading foreign or U.S. universities or cancer centers. This Fund's assets are maintained in a separate investment account and the gains and losses, interest and dividends, and fees relating to this account are reflected in the statement of activities. AICF may use (on an annual basis) an amount equal to 8% of the fair value of the assets as of January 1 of each year. This amount is to be used as AICF may decide is necessary to fulfill the purposes of the Fund, including associated a ministrative costs.

Notes to Financial Statements (continued) June 30, 2021

Note 2 – Summary of significant accounting policies (continued)

Net assets with donor restrictions (continued)

Net assets with perpetual restrictions

Net assets include funds that have been designated by the donor to be held and invested in perpetuity and its income to be expended as determined by the Executive Committee.

Contributions receivable

Contributions receivable represent unconditional donations pledged to AICF and are expected to be received in the next fiscal year.

Allowance for doubtful accounts

AICF has not provided for an allowance for doubtful accounts for any potentially uncollectible receivables. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

Cash equivalents

AICF considers highly liquid instruments with original maturities of three months or less to be cash equivalents. At June 30, 2021, cash equivalents consist of financial institution money market funds.

Investments and fair value measurements

Investments are recorded at fair value based on publicly quoted market prices. Gains or losses on sales of investments are determined on the average cost basis method.

Accounting standards established a fair value hierarchy that prioritizes the inputs used to measure fair value into three broad levels. All of AICF's investments are measured using Level 1 inputs, which are defined as quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

Property and equipment

AICF capitalizes property and equipment items in excess of a nominal value. Property and equipment are recorded at cost and depreciated on the straight-line method over their estimated useful lives of the assets ranging from three to ten years.

Contributions of cash that must be used to acquire property and equipment are reported as net assets with donor restrictions. AICF reclassifies such assets to net assets without donor restrictions as the <u>funds</u> are expended.

Notes to Financial Statements (continued) June 30, 2021

Note 2 – Summary of significant accounting policies (continued)

Contributions

AICF records contributions as revenue without donor restrictions unless the donor stipulates a time or limits use of the donated assets. All other donor-restricted contributions are reported as increases in net assets with temporary or perpetual donor restrictions, depending on the nature of the restrictions. Contributions of stock are recorded at fair value on the date of the gift.

Donated services

AICF receives donated services from volunteers who support the AICF's programs and activities. No amounts have been reflected in the financial statements in connection with these services. Because of the difficulty in placing a value on such donated services, the value of these contributions is not recorded, although they constituted a significant factor in the operations of AICF.

Contributed space

AICF is recording the estimated fair value of the contributed space as rent expense and a corresponding contribution received from the landlord.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements. Actual results could differ from those estimates.

Concentrations of credit risk

AICF's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, cash equivalents, investments and contributions receivable. AICF places its cash and cash equivalents with what it believes to be quality financial institutions. At times during the year, the balances in AICF's cash and cash equivalents exceeded the FDIC insurance limit. AICF however, has not experienced any losses in these accounts to date.

Notes to Financial Statements (continued) June 30, 2021

Note 2 – Summary of significant accounting policies (continued)

Concentrations of credit risk (continued)

AICF's investments are exposed to various risks such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to the aforementioned risks, it is reasonably possible that changes in these risks could have a material effect on the amounts reported in the statement of financial position and the statement of activities. AICF routinely assesses the collectability of its contributions receivable. AICF's contributions receivable are deemed collectible by management. AICF believes its concentrations of credit risk with respect to its cash, cash equivalents, investments and contributions receivable are limited.

Risks and uncertainties

On March 13, 2020, a national emergency was declared due to extraordinary circumstances resulting from the coronavirus. The economic impact of the coronavirus on AICF's future financial operations is not readily determinable.

Subsequent events

AICF has evaluated events and transactions for potential recognition or disclosure through November 19, 2021, which is the date the financial statements were available to be issued.

Note 3 – Liquidity and availability of financial assets

AICF's working capital and cash flows have seasonal variations during the year attributable to cash receipts from contributions, programs and other revenue items. As of June 30, 2021 and 2020, financial assets and liquidity resources available, reduced by amounts not available for general use because of donor restrictions and internal board designations, within one year for general expenditure, such as operating expenses, are summarized below:

	2021	2020
Financial assets		
Cash	\$ 301,727	\$ 304,467
Investments, at fair value	4,402,299	4,037,566
Contributions receivable	88,496	289,491
Sub-total	4,792,522	4,631,524
Less: assets with donor restrictions	<u>696,498</u>	661,368
Total financial assets	<u>\$ 4,096,024</u>	\$ 3,970,156

Notes to Financial Statements (continued) June 30, 2021

Note 4 – Investments

The following is a summary of investments at June 30, 2021 and 2020:

	2021		2020	
	Cost	Fair Value	Cost	Fair Value
Money market funds U.S. Treasuries Corporate bonds Domestic equities	\$ 778,169 2,819,965 254,600 553,650	\$ 778,169 2,819,938 251,203 552,989	\$ 117,444 3,299,263 624,132 40,125	\$ 117,444 3,299,556 620,212 354
Total	\$ 4,406,384	\$ 4,402,299	\$ 4,080,964	\$ 4,037,566

Note 5 - Property and equipment

AICF's property and equipment as of June 30, 2021 and June 30, 2020 consists of the following:

	2021	2020
Mammography vans and equipment	\$ 718,210	\$1,089,030
Furniture and fixtures	76,854	74,797
Computer equipment and software	55,267	55,267
Leasehold improvements	11,709	11,709
Total	862,040	1,230,803
Less: accumulated depreciation	685,671	984,940
Net property and equipment	\$ 176,369	\$ 245,863

Note 6 – Endowment

Effective September 27, 2010, the State of New York enacted the New York Prudent Management of Institutional Funds Act (NYPMIFA), the provisions of which apply to endowment funds existing on or established after that date. AICF is required to act prudently when making decisions to spend or accumulate donor restricted endowment assets and in doing so to consider a number of factors including the duration and preservation of its donor restricted endowment funds. AICF classifies net assets with perpetual donor restrictions the original value of gifts donated to the permanent endowment. The portion of the donor-restricted endowment fund that is not classified as net assets with perpetual donor restrictions is classified as net assets without donor restrictions or net assets with temporary donor restrictions based on donor stipulations.

Notes to Financial Statements (continued) June 30, 2021

Note 6 – Endowment (continued)

Changes in restricted net assets for the year ended June 30, 2021 and June 30, 2020 are as follows:

Net assets with temporary donor restrictions

	Balance at June 30, 2020	Support	Released from Restrictions	Balance at June 30, 2021
Program revenue and grants				
Cancer screening	\$ 15,000	\$ 88,500	\$ (88,500)	\$ 15,000
Fund-raising special events Fellowships	331,050	418,773	(331,050)	410 772
Cancer screening	70,000	33,364	(33,364)	418,773 70,000
Prize	-	-	(33,301)	70,000
Other support				
Fellowships	43,101	-	(43,101)	-
Net investment income	7.020	1 007	(5,020)	1.007
Dividends and interest Shifrin-Myers Endowment	5,939	1,997	(5,939)	1,997
Fund	69,268		(5,540)	63,728
Total	\$ 534,358	\$ 542,634	\$ (507,494)	\$ 569,498
			Released	
	Balance at		Released from	Balance at
	Balance at June 30, 2019	Support		Balance at June 30, 2020
Program revenue and grants		Support	from	
Cancer screening		Support \$ 91,667	from	
Cancer screening Fund-raising special events	June 30, 2019 \$ 37,057	\$ 91,667	from Restrictions \$ (113,724)	June 30, 2020 \$ 15,000
Cancer screening Fund-raising special events Fellowships	June 30, 2019	\$ 91,667 331,050	from <u>Restrictions</u> \$ (113,724) (381,100)	June 30, 2020 \$ 15,000 331,050
Cancer screening Fund-raising special events Fellowships Cancer screening	June 30, 2019 \$ 37,057	\$ 91,667 331,050 337,855	from <u>Restrictions</u> \$ (113,724) (381,100) (267,855)	June 30, 2020 \$ 15,000
Cancer screening Fund-raising special events Fellowships Cancer screening Prize	June 30, 2019 \$ 37,057	\$ 91,667 331,050	from <u>Restrictions</u> \$ (113,724) (381,100)	June 30, 2020 \$ 15,000 331,050
Cancer screening Fund-raising special events Fellowships Cancer screening Prize Other support	June 30, 2019 \$ 37,057	\$ 91,667 331,050 337,855 100,000	from <u>Restrictions</u> \$ (113,724) (381,100) (267,855)	June 30, 2020 \$ 15,000 331,050 70,000
Cancer screening Fund-raising special events Fellowships Cancer screening Prize	June 30, 2019 \$ 37,057	\$ 91,667 331,050 337,855	from <u>Restrictions</u> \$ (113,724) (381,100) (267,855)	June 30, 2020 \$ 15,000 331,050
Cancer screening Fund-raising special events Fellowships Cancer screening Prize Other support Fellowships	June 30, 2019 \$ 37,057	\$ 91,667 331,050 337,855 100,000	from <u>Restrictions</u> \$ (113,724) (381,100) (267,855)	June 30, 2020 \$ 15,000 331,050 70,000
Cancer screening Fund-raising special events Fellowships Cancer screening Prize Other support Fellowships Net investment income Dividends and interest Shifrin-Myers Endowment	June 30, 2019 \$ 37,057 381,100 8,363	\$ 91,667 331,050 337,855 100,000 43,101	from Restrictions \$ (113,724) (381,100) (267,855) (100,000)	June 30, 2020 \$ 15,000 331,050 70,000 - 43,101
Cancer screening Fund-raising special events Fellowships Cancer screening Prize Other support Fellowships Net investment income Dividends and interest	June 30, 2019 \$ 37,057 381,100	\$ 91,667 331,050 337,855 100,000 43,101	from Restrictions \$ (113,724) (381,100) (267,855) (100,000)	June 30, 2020 \$ 15,000 331,050 70,000 - 43,101

Notes to Financial Statements (continued) June 30, 2021

Note 6 – Endowment (continued)

Net assets with perpetual donor restrictions

Net assets with perpetual donor restrictions are comprised of the American-Italian Cancer Foundation Endowment Fund, from a donor, originally \$100,000, and \$27,000 from other donations.

Funds with deficiencies

There were no fund deficiencies as of June 30, 2021.

Note 7 – Commitments

AICF leases office space under a lease which either landlord or tenant may terminate upon at least six months prior written notice by either party. The annual base rent of \$70,000 per annum is waived provided that AICF maintains its not-for-profit status, continues it charitable activities and complies with all of its obligations under the lease.

Note 8 – Retirement plan

AICF maintains a Defined Contribution Retirement Plan. Eligible employees may contribute a portion of their compensation in accordance with Internal Revenue Code regulations. AICF contributes 3% of each employee's annual salary to the plan. In addition, if the employee contributes 3% or more, AICF will match the first 3%. For the year ended June 30, 2021 and June 30, 2020, AICF's contribution totaled \$9,243 and \$20,867, respectively.

Note 9 – Tax status

AICF is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code (the "Code"). In addition, AICF is a Section 509(a) organization as defined in the Code, and is, therefore, not a private foundation and qualifies for the maximum charitable contribution deductions for donors.