Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**07**

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For th	ne 2007 ca	alendar y	year, or tax ye	ear beginning	January 1	, 200	7, and	ending [)ece	embe	r 31 , 20 07
		applicable		C Name of orga						Di	Emplo	yer identification number
_			use IRS	_	for Cancer I	Research				20	0 !	5799367
_		change	label or print or			if mail is not delivere	ed to street	address	Room/suite	_		one number
=	Name c	•	type See	226 Bellevu					11		401	847-3286
\equiv	Initial re -		Specific		state or country,	and ZIP + 4			1			ng method: Cash Accrual
=	Termina		Instruc- tions	Newport, RI						· '	_	her (specify) ▶
=		ed return 1	• Soot		-	d 4047(a)(1) papay	compt obox	itabla	H and I are no	ot apı		e to section 527 organizations
□,	Applicati	ion pending				d 4947(a)(1) nonex iedule A (Form 990						n for affiliates? 📋 Yes 🗹 No
G	Website	e: ► www	w.hope	-funds.org					H(b) If "Yes,"	ente	r numb	per of affiliates ▶
									H(c) Are all a			
<u>J</u>	Organiz	zation type	(check or	nly one) 🕨 🔽	501(c) (3) ⊲ (nsert no) 🔲 4947	7(a)(1) or _	527	•			t See instructions)
						oporting organizatio			H(d) Is this a s	separa	ite retur	rn filed by an by a group ruling? 🏻 Yes 🔲 No
				re than \$25,000 a complete retur		quired, but if the org	janization ch	ooses				umber ▶
	to lile a	return, be s	ure to me	a complete retui								the organization is not required
L	Gross	receipts: A	Add lines	s 6b. 8b. 9b. aı	nd 10b to line 1	2 ▶ 26	66,797					Form 990, 990-EZ, or 990-PF)
	art I	•				n Net Assets		Balar				
	1					nounts received						
	a			o donor advis			140			0	,	
	b					· · · · · · · · · · · · · · · · · · ·			243,3	41		
	C					ne 1a)			·	0		
	d		•			luded on line 1:	·	İ		0		
	1) (cash \$		- ,	•	3,000		1e	243,341
	2					ent fees and con		m Par	,		2	
	3									1	3	
	4					vestments .				١ ١	4	3,030
	5	Dividence	я Якны эт	interest from	sectifiles			• •		١ ١	5	
	6a	Gross re		gregaroot from			6a	i .		0		
	Ь			ensesN .U	7		6b			0		
	C	Net rent	al incon	ne or floss)	Subtract line 6	Sb from line 6a	· —				6с	
•	7			nt income (de				•) [7	·
Revenue	8a			•	assets other	(A) Secuntres		(E	3) Other			
ě.	"	than inv					8a					
—	Ь		•	er basis and sa			8b					
	1			attach schedu	•		8c		_			
	ď					(A) and (B) .					8d	
	9	_				f any amount is fr			ck here ▶ □	j [
	a	-			\$			•				
		contribu	tions re	ported on lin	e 1b) .5 †>+	ement 1			20,4	25		
	b				than fundrais		9b	<u> </u>	62,6	42		
	1		•	•		Subtract line 9b	o from lin	e 9a		.	9c	-42,217
	10a					allowances .	1			0		
	b	Less: co	st of go	oods sold.			10b	<u></u>		0		
	c	Gross pro	ofit or (lo	ss) from sales	of inventory (att	ach schedule) Su	ubtract line	10b fr	om line 10a	.	10c	
	11										11	
	12	Total re	venue. /	Add lines 1e,	2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, a	and 11 .	<u> </u>	<u> </u>		12	204,154
	13	Program	servic	es (from line	44, column (E	3))				.	13	19,624
Expenses	14					olumn (C)) .				.	14	7,014
Ded.	15									.	_15_	3,393
Щ	16			filiates (attacl						.	16	<u></u>
_	17_	Total ex	penses	s. Add lines	16 and 44, co	lumn (A)	· · · ·		<u> </u>	•	17	30,031
ets	18	Excess	or (defic	cit) for the ye	ar. Subtract li	ne 17 from line	12 .			.	18	174,123
Net Assets	19					of year (from lin					19	3,684
et /	20					nces (attach exp					20	
Z	21	Net asse	ets or fu	nd balances a	it end of year.	Combine lines 1	18, 19, an	d 20		.	21	177,807

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No

Cat No 11282Y 77-26

Form **990** (2007)

Par	Statement of All organization Functional Expenses organization	ations must co	mplete column (A). Co 1 4947(a)(1) nonexemp	olumns (B), (C), and (E t charitable trusts but) are required for sec optional for others (tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	9	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach scholars) noncash \$					
	If this amount includes foreign grants, check here	▶ 🗌 22a	0	0		
22 b	Other grants and allocations (attach sche					
	If this amount includes foreign grants, check here	▶ 🗀 22b	0	0		
23	Specific assistance to individuals (asschedule)		0	0		
24	Benefits paid to or for members (at schedule)		0	0		
25a	Compensation of current officers, direct key employees, etc. listed in Part V-A.	tors,	0	0	0	0
b	Compensation of former officers, direct key employees, etc. listed in Part V-B.		0	0	0	0
С	Compensation and other distributions, included above, to disqualified persons defined under section 4958(f)(1)) and per described in section 4958(c)(3)(B)	s (as sons	0	0	0	0
26	Salaries and wages of employees not inclined on lines 25a, b, and c		0	0	0	0
27	Pension plan contributions not included lines 25a, b, and c	d on	0	0	0	0
28	Employee benefits not included on 25a – 27	lines	0	0	0	0
29	Payroll taxes		0	0	0	0
30	Professional fundraising fees		0	0	0	0
31	Accounting fees		0	0	0	0
32	Legal fees	32	2,271	0	2,271	0
33	Supplies	33	2,889.6	0	2,889.60	0
34	Telephone		0	0	0	0
35	Postage and shipping		304.98	0	51.98	253
36	Occupancy	1	0	0	0	0
37	Equipment rental and maintenance		0	0	0	0
38	Printing and publications		4,504.68	1,084.04	280.87	3,139.77
39	Travel	39	0	0	0	0
40	Conferences, conventions, and meetings		0	0	0	0
41	Interest		0	0	0	0
42	Depreciation, depletion, etc. (attach sched		0	0	0	, 0
43	Other expenses not covered above (item		40.744.05	40 -44 0-	<u> </u>	_
а	Website Collection processing fees	I	10,711.85 726.07	10,711.85	726.07	0
b	Programs and Awards for Honorees			7,827.72	726.07 0	0
c d	Ima		7,027.72	7,827.72	750	0
e	Misc.	40	45		45	
f		406	40			<u> </u>
g		420				
44	Total functional expenses. Add lines through 43g. (Organizations comple columns (B)–(D), carry these totals to	22a eting lines	_			
	13–15)		30,031	19,624	7,014	3,392.77
Are a	t Costs. Check If you are following ny joint costs from a combined educational cases," enter (i) the aggregate amount of these joint amount allocated to Management and general contents.	g SOP 98-2 mpaign and f nt costs \$. undraising solicitation	n reported in (B) Pro	gram services? . Do Program services	Yes 🗹

D	2
race.	J

Part III Statement of Program Service Accomplishments (See the	ne instructions.)	
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All of d	at is the organization's primary exempt purpose? ► Statement 2 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	Concerning Cancer and recognigition of accomplishments in the field	
	`	
	/O 1 1 - 1	
	(Grants and allocations \$ 0) If this amount includes foreign grants, check here ▶ □	10,712
b	Concerning most difficult-to-treat-cancers and communication with applicants	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	7.827.72
_	Science, medical and research information and communications, related to providing the public witl	7,027.72
·		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,084.04
d		
	••••••	
	Compute and allocations 6	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
æ	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	40.004
<u> </u>	Total of Frogram Service Expenses (Should equal line 44, Column (D), Program Services)	19,624

Form **990** (2007)

Pa	ırt İV	Balance Sheets (See the instructions.)				
•	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			3,306	45	3,315.30
	46	Savings and temporary cash investments .			0	46	171,316.40
	47a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts .	47b	0		47c	0
		Pledges receivable	48a	1,800	_		
	b	Less: allowance for doubtful accounts .	48b	0		48c	1,800
	49	Grants receivable			0	49	0
	50a	Receivables from current and former officers			•		
		key employees (attach schedule)		1	0	50a	0
	b	Receivables from other disqualified persons (•	-0-	
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) (attach schedule)	<u>_</u>	50b	0
(C)	51a	Other notes and loans receivable (attach	51a	0			
Assets		schedule)	51b		^	E4.	
Ass						51c 52	0 0
7	52	Inventories for sale or use				53	0
	53		٠.,			54a	0
		Investments—publicly-traded securities		Cost FMV		54b	0
		Investments—other securities (attach schedu	ile) 🕨	Cost LI FMV		340	
	ooa.	Investments—land, buildings, and equipment: basis	55a	0			
	D	Less: accumulated depreciation (attach schedule)	55b	o	0	55c	i o
	56	Investments—other (attach schedule)				56	
		Land, buildings, and equipment: basis .	57a	0			
		Less: accumulated depreciation (attach		-			
	_	schedule)	57b	0	0	57c	0
	58	Other assets, including program-related investigation	stmen	rs			
		(describe ▶			378	58	3,375
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	3,684	59	179,807
	60	Accounts payable and accrued expenses .			0	60	2,000
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
ilities	63	Loans from officers, directors, trustees, and	l key	employees (attach		<u> </u>	
ilit		schedule)			0	63	0
Liabi		Tax-exempt bond liabilities (attach schedule)			0	64a	0
7		Mortgages and other notes payable (attach s			0	64b	0
	65	Other liabilities (describe ►)	0	65	0
ĺ	66	Total liabilities Add lance 60 through 65			•		
-					0	66	2,000
	Orga	inizations that follow SFAS 117, check here ▶	· 🛂 a	nd complete lines			
es	67	67 through 69 and lines 73 and 74.			3,684	67	177,807
Ĕ	67 68	Unrestricted			0,004	68	177,007
39	69			· ·	0	69	0
P		-					
占	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74.	nere	- ∟ and			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	2		0	70	0
ţş (71	Paid-in or capital surplus, or land, building, a			0	71	0
se	72	Retained earnings, endowment, accumulated			 	72	0
As	73	Total net assets or fund balances. Add line					
Ę		70 through 72. (Column (A) must equal line	19 and	column (B) must			
-		equal line 21)			3,684	73	177,807
	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	3,684	74	179,807

Pai	Reconciliation of Revenue per Audite instructions.)	ed Financial Statem	ents W	ith Rev	enue pei	Ret	turn (See the	_
а	Total revenue, gains, and other support per audited	financial statements			1	а	201,12	5
b	Amounts included on line a but not on Part I, line 1							_
1	Net unrealized gains on investments		b1		0			
2	Donated services and use of facilities		b2		0			
3	Recoveries of prior year grants		_b3		0			
4	Other (specify): Interest income						ĺ	
			b4		0			
	Add lines b1 through b4					b		_
С	Subtract line b from line a					С	201,12	5
d	Amounts included on Part I, line 12, but not on line	a:						
1	Investment expenses not included on Part I, line 6b		d1		0			
2	Other (specify). Interest income							
		i	d2		3,030			_
_	Add lines d1 and d2					<u>d</u>	3,030	_
e	Total revenue (Part I, line 12). Add lines c and d . rt IV-B Reconciliation of Expenses per Audit					e or P	204,154	<u>.</u>
							30,03	-
а	Total expenses and losses per audited financial sta					a		<u>.</u>
b	Amounts included on line a but not on Part I, line 1		b1		0			
1	Donated services and use of facilities		b2	•••	0			
2	Prior year adjustments reported on Part I, line 20.		b3		0			
3 4	Losses reported on Part I, line 20 Other (specify):							
4	Other (specify).		b4		o			
	Add lines b1 through b4					b	Ì	0
С	Subtract line b from line a					c	30.03	1
d	Amounts included on Part I, line 17, but not on line			• •			,	_
1	Investment expenses not included on Part I, line 6b	i	d1		0			
2	Other (specify).							
_			d2		0			
	Add lines d1 and d2					d	<u></u>	
е	Total expenses (Part I, line 17). Add lines c and d	<u> </u>			▶	е	30,03	1
Pa	rt V-A Current Officers, Directors, Trustees, a or key employee at any time during the year	and Key Employees even if they were not o	compens	ated.) (S	ee the ins	tructio	ons)	∍,
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not pa	pensation iid, enter)	(D) Contributed benefit plan compens	ıs & defe	erred and other allowance	ıt !S
Sta	tement 3							_
. .								
								_
								_
								_
. 	••••••							
						_		_
								_
			-					_
	•							
	-	·		-				_
- -								

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	t V-A. Current Officers, Directors, Trustees	and Key Employe	es (continued)		-	Yes	
75a	Enter the total number of officers, directors, and trumeetings			n business at board 20			
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig						
	contractors listed in Schedule A, Part II-A or		•	•	75b	1	
_	relationships? If "Yes," attach a statement that ide		·	,	700		
С	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, that	Part I, or highest co Part II-A or II-B, rec	enpensated profeser compensati	essional and other on from any other			
	the definition of "related organization."				75c		✓
d	If "Yes," attach a statement that includes the info Does the organization have a written conflict of in				75d		
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That F ceived compensation or	Received Comper r other benefits (de	sation or Other Bene escribed below) during	fits (If	ear, lis	ormer st that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper int and owanc	other
nor	e						
							
Par	t VI Other Information (See the instruction	s.)				Yes	No
76	Did the organization make a change in its activitie detailed statement of each change	es or methods of con		? If "Yes," attach a	76		✓
77	Were any changes made in the organizing or gov		t not reported to	the IRS?	77		✓
	If "Yes," attach a conformed copy of the changes						
78a	Did the organization have unrelated business gro this return?		or more during t	•	78a		- <u>-</u> -
b	If "Yes," has it filed a tax return on Form 990-T for				78b		
79	Was there a liquidation, dissolution, termination, o	-					,
00	a statement				79_		✓
80a	Is the organization related (other than by associa common membership, governing bodies, truste organization?	es, officers, etc., to	any other exer	npt or nonexempt	80a		1

81b

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Par	t VI .Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			-
	(See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		✓
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0E~		^j
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		!
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	85h		
	following tax year?	0311		
86 L	50 /(c)/1) orgs. Enter. a initiation lees and capital contributions included on line 12.	Í		
87 87	Gross receipts, included on line 12, for public use of club facilities	ĺ		
	Gross income from other sources. (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		1
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
С	Enter: Amount of tax imposed on the organization managers or disqualified			
d	persons during the year under sections 4912, 4955, and 4958	1		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	89e		✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g		
۵0-	at any time during the year?		<u> </u>	ш
	• •			· • • • • •
D 04 =	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	84	7-328	0 86
	Located at ► 226 Bellevue Avenue, Suite 11, Newport, RI ZIP + 4 ► 026			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	i		

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Part \	Other Information (continued)						Yes	No
92 S	at any time during the calendar year, did the "Yes," enter the name of the foreign count section 4947(a)(1) nonexempt chantable trusted enter the amount of tax-exempt interest	ry ▶ts filing Form 990) ın lıeu of Form	1041—Check	here			_ ✓_
Part \	Analysis of Income-Producing Ac	ctivities (See th	e instructions.)				
Note: E	Inter gross amounts unless otherwise	Unrelated b	ousiness income	Excluded by sect	ion 512, 513, or 514		(E)	
indicate	ed.	(A)	(B)	_ (C)	(D)		elated npt fur	
93 i	Program service revenue:	Business code	Amount	Exclusion code	Amount	'	income	<u> </u>
b .			ļ		·· <u>- </u>	<u> </u>		
C.		_	_			├—		
d.	*	_	<u> </u>			 		
е.		_		-		├		
	Medicare/Medicaid payments	-	-	1		\vdash		
	Fees and contracts from government agencie	es	 					——
	Membership dues and assessments	to	 	14	3,030	\vdash		
	Interest on savings and temporary cash investmen Dividends and interest from securities	18		1				
	Net rental income or (loss) from real estate:							
	debt-financed property							
	not debt-financed property							
	Net rental income or (loss) from personal property	v						
	Other investment income	´						
100	Gain or (loss) from sales of assets other than invento	ry				<u> </u>		
101	Net income or (loss) from special events .					<u> </u>	-42	2,217
102	Gross profit or (loss) from sales of inventory					<u> </u>		
103	Other revenue: a		<u> </u>	_		├-		
b.		_		-		 		
С.		_	 	-		\vdash		
d.			 	-		 		
е.	0.1.1.1.(-			3,030	 		2,217
	Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E	,,	l			<u> </u>		9,187
	ine 105 plus line 1e, Part I, should equal the							,,,,,,,
Part V				poses (See th	e instructions.)			
Line N						acco	mplish	ment
	of the organization's exempt purposes (o							
101	Awards Dinner recognizes excellence	in cancer resea	rch and encour	ages innovati	on in the field o	of car	ncer r	eseai
					-			
			 .	60 11				
Part I		(B)			instructions.)		/E\	
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of wnership interest	Nature of) activities	(D) Total income		(E) id-of-y assets	
		%				 		
		%			 	├─		
		<u>%</u>				├—		
Part >	Information Regarding Transfers Ass	%	sonal Renefit C	ontracte (Sec. t	he instructions 1	Ь—		
(b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pr	emiums, directly	or indirectly, on				es L√ es L√	
_ Note:	: If "Yes" to (b), file Form 8870 and Form 4	720 (see instructi	ions).					

Part	is a controlling organization	ransfers To and From on as defined in section !	Controlled I 512(b)(13).	Entities. Complete	e only if the o	rganız	atıon
106	Did the reporting organization ma the Code? If "Yes," complete the				512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) cription of cansfer	(D Amount o		
а							
ь							_
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of				tion	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) cription of ansfer	(D Amount of		er
а							
ь							
С							
	Totals						
108	Did the organization have a bindir rents, royalties, and annuities des			7, 2006, covering th	e interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete	have examined this return, including the Declaration of preparer (other the	accompanying s an officer) is base	schedules and statements ed on all information of w Date	and to the best of hich preparer has a	my knov	vledge vledge
Paid Prepare	I Firm's name (or yours k		Date	self- employed ▶ □	eparer's SSN or PTIN	(See Gen.	Inst X)
Use On	If self-employed), address, and ZIP + 4			EIN ► Phone no ►			_

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Employer identification number

	arch			20	5799367
		est Paid Employees O ist each one. If there ar			, and Trustees
(a) Name and address of each employed than \$50,000	oyee paid more	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	& account and other
None					
Total number of other employees paid	over \$50,000 . ▶			1	
Part II-A Compensation of (See page 2 of the		est Paid Independent C each one (whether indiv			
(a) Name and address of each			r	of service	(c) Compensation
none					
Total number of others receiving oprofessional services	over \$50,000 for				
	ctor who perform	est Paid Independent Co ed services other than p ne." See page 2 of the in	professional serv	Other Service rices, whether	s ndıvıduals or
(a) Name and address of each				of service	(c) Compensation
none		•	(5) 1) po		(o) compensation
				<u> </u>	
			<u> </u>		
Total number of other contractors \$50,000 for other services	receiving over	0			

	dule A (Form 990 or 990-EZ) 2007			Page 2
Pa	Till Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\$\frac{1}{2}\$} \$\	1		√
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c	_	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?	2e		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	За		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		✓
b	Did the organization make any taxable distributions under section 4966?	4b		✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	cions.)
cer	tify 1	that the organization is not a priva-	te foundation bed	ause it is (Please check	only ONE app	olicable box.)	
5		A church, convention of churches	s, or association of	of churches Section 170)(b)(1)(A)(ı).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)			
7		A hospital or a cooperative hospital	tal service organi	zation Section 170(b)(1)	(A)(III).		
8		A federal, state, or local governm	ent or governmer	ntal unit Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶			ection 170(b)(1)	(A)(iII). Enter th	e hospital's name, cit
0		An organization operated for the be (Also complete the Support Scheo		or university owned or op	perated by a go	ovemmental un	ıt. Section 170(b)(1)(A)(ı
1a	Z	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmental	unit or from th	e general public. Section
1b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule ın Part	IV-A.)	
2		An organization that normally receifrom activities related to its charita from gross investment income ar organization after June 30, 1975.	able, etc., function ad unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	an 33%% of its suppointed by t
3		An organization that is not control requirements of section 509(a)(3).					nd otherwise meets t
		☐ Type II	☐Type I	II-Functionally Integrate	ed 🗀	Type III-Othe	r
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the insti	ructions.)
Na	me((a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	ipported on listed in	(e) Amount of support
_					Yes	No	
No	ne						
_							
							<u> </u>
ota	١.	<u>.</u>	<u></u>		<u> </u>	.	
4		An organization organized and op	porated to toot for	nublic cofety. Seeties 5	:00(a)(A) /Sas	oago P of the !	notructions \
	_	rui vigariizanori organized alla ob	crated to test 10f	DUDING SAIGHT, SECTION S	ハンスロバチ/ ハンピピー	Dade o Di IIIE I	nauticions.J

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions						ccounting.
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do	(a) 2000	(6) 2000	(0) 2004	(4) 200	~ +	(e) Total
	not include unusual grants See line 28.).	3,684					3,684
16	Membership fees received	0		· · · · · · · · · · · · · · · · · · ·			0,004
17	Gross receipts from admissions, merchandise						<u> </u>
	sold or services performed, or furnishing of facilities in any activity that is related to the						
	organization's charitable, etc., purpose	0					0
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated						
	business taxable income (less section 511						
	taxes) from businesses acquired by the						_
19	organization after June 30, 1975	0			 	\rightarrow	0
13	activities not included in line 18	o]		0
20	Tax revenues levied for the organization's					$\neg \neg$	
20	benefit and either paid to it or expended on						
	its behalf	0					0
21	The value of services or facilities furnished to the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the public without charge					İ	
22	Other income. Attach a schedule. Do not	0			-	+	0
22	include gain or (loss) from sale of capital assets	o					0
23	Total of lines 15 through 22	3,684		_			3,684
24	Line 23 minus line 17	3.684			-		3,684
25	Enter 1% of line 23	36.84					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24 .	▶	26a	73.68
b	Prepare a list for your records to show the name	ne of and amoun	t contributed by	each person (oth	er than a		
	governmental unit or publicly supported organization	·	-	•			
	amount shown in line 26a. Do not file this list w					26b	3,684 3,684
C	Total support for section 509(a)(1) test. Enter III	ne 24, column (e) ຄ			>	26c	3,004
a	Add Amounts from column (e) for lines: 18	0	19	<u></u> 684		26d	3,684
e	Public support (line 26c minus line 26d total)					26e	0
f	Public support percentage (line 26e (numera	itor) divided by I	ine 26c (denomi	inator))		26f	0 %
27	Organizations described on line 12: a Fo	r amounts includ	led in lines 15, 1	16, and 17 that v	were receiv	ed from	n a "disqualified
	person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts red	ceived in each ve	ar from, eac	h "disq	ualified person "
			•				
	(2006) (2005)		, ,		, ,		
b	For any amount included in line 17 that was receishow the name of, and amount received for each	ved from each per	son (other than "c	disqualified person	s"), prepare	a list fo	or your records to
	(Include in the list organizations described in lines	5 through 11b, as v	vell as individuals) Do not file this li	st with you	r return.	After computing
	the difference between the amount received and amounts) for each year:	the larger amount	described in (1)	or (2), enter the s	um of these	differe	nces (the excess
	(2006)(2005)		(2004)		(2002)		
	(2000)		. (2004)	•••••	. (2005) .	•••••	
С	Add Amounts from column (e) for lines: 15		16				
	17 20				▶	27c	
d	Add. Line 27a total	and line 27b tota	ı <u>——</u>		•	27d	
е	Public support (line 27c total minus line 27d to	tal)			▶	27e	
f	Total support for section 509(a)(2) test: Enter a						
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	itor) divided by I	ine 27f (denomii or) divided by li	nator)) . . . ne 27f <i>(d</i> enomin	, , , ▶	27g 27h	<u>%</u> %
 28							
20	Unusual Grants: For an organization describe prepare a list for your records to show, for ear	u in line 10, 11, ch year, the nam	or r∠ that receiv e of the contribu	red any unusual itor, the date and	grants duri Jamount o	ng 2003 f the ar	ant, and a brief
	description of the nature of the grant. Do not f	ile this list with	your return. Do	not include these	grants in I	ine 15.	

Pa	rt V · Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		·	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	_	_
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following.			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		_
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С		32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		}		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

Page	6

Par	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar					instructions.)
Chec	k ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck. ▶ b ☐ ıf	you checked "a	and	"Ilmited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	-			,	(a) Affiliated group totals	(b) To be completed for all electing organizations
36		·		Ta	6		
37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis			· · · ⊢	7		
38	Total lobbying expenditures (add lines 36 and			\cdot \cdot \cdot \vdash	8		
39	Other exempt purpose expenditures				9		
40	Total exempt purpose expenditures (add lines				0		
41	Lobbying nontaxable amount. Enter the amount	•					
		obbying nontaxa	_	.			
	Not over \$500,000 20%						
	Over \$500,000 but not over \$1,000,000 . \$100,000				_		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000				1		
	Over \$1,500,000 but not over \$17,000,000. \$225,0				-		
	Over \$17,000,000 \$1,000	0,000		_	_		
42	Grassroots nontaxable amount (enter 25% of I	ıne 41)		4	2		<u> </u>
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than lu	ne 36	4	3		
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lii	ne 38	4	4		<u> </u>
	Caution: If there is an amount on either line 43	3 or line 44, you i	must file Form 47	20			
	4-Vear Av	eraging Perio	d Under Secti	ion 501(h)			<u>, :</u>
	(Some organizations that made a section See the instructions f	n 501(h) election	do not have to	complete all of	the fi	ive columns b)	elow.
		Lob	bying Expenditu	ıres During 4-	Year	Averaging Pe	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures			ļ — — — —			
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Par	Lobbying Activity by Nonelectivity (For reporting only by organization)			Part VI-A) (S	ee pa	age 14 of th	e instructions.)
Duran	g the year, did the organization attempt to influ					Ť - T	
	ipt to influence public opinion on a legislative in				gany	Yes No	Amount
а	Volunteers		_			1	
b	Paid staff or management (Include compensati			c through h.)	•	. 1	
c	Media advertisements	•			•		
d	Mailings to members, legislators, or the public					/	
e	Publications, or published or broadcast statem					4	
f	Grants to other organizations for lobbying purp					/	
g	Direct contact with legislators, their staffs, government					· ✓	
h	Rallies, demonstrations, seminars, conventions		-	•			
i	Total lobbying expenditures (Add lines c through If "Yes" to any of the above, also attach a state	gh h.)				ctivities.	

Schedule	Δ	(Form	aan	or	990-F7	\ 2007

Par	t VII			ransfers To and Transa e page 14 of the instruction		Relationships	With None	chari	table
51				indirectly engage in any of the 01(c)(3) organizations) or in secti				d in s	ection
а	Tran	sfers from the rep	orting organization	to a noncharitable exempt orga	anization of			Yes	No
							51a(i)		✓
	(ii)	Other assets .					a(ii)		√
b		er transactions:	,						
			es of assets with a	ı noncharitable exempt organiza	ition		b(i)	ľ	✓_
				ritable exempt organization			b(ii)		1
				her assets			b(iii)		1
							b(iv)		1
			_				b(v)		1
		_		ship or fundraising solicitations			b(vi)		7
С				sts, other assets, or paid emplo	· · · · ·		. c		1
		_		complete the following schedule	-	ıld alwaye ehow t		value	of the
	good	ls, other assets, o	r services given by	the reporting organization If the column (d) the value of the good	the organization re	eceived less than	fair market	value	in any
(a		(b)		(c)		(d)			
Line	no	Amount involved	Name of none	charitable exempt organization	Description of tra	ansfers, transactions,	and sharing arr	angem	ents
	-+			<u> </u>	 				
	\dashv								
	-	_		· · · · · · · · · · · · · · · · · · ·		.			
				····	-			_	
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					-				
		- <u> </u>	- ·						
									
	i			<u> </u>					
	desc	ribed in section 50		affiliated with, or related to, or other than section 501(c)(3)) or it.				• Z] No
		(a) Name of organiz	ration	(b)		(c)	A		
		- Italie of organiz		Type of organization		Description of rela	tionship		
		<u></u>			 		 		
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HOPE FUNDS FOR CANCER RESEARCH

YEAR END: 12.31.07 EIN: 20-5799367

FORM 990, PART I, LINE 9, SPECIAL EVENTS AND ACTIVITIES

Special	Event
Awards	Dinner

Awards Dinner		
Dinner tickets sold Non-deductible portion for donor (per ticket) Dance tickets sold Non-deductible portion for donor (per ticket)	122 \$125.00 69 \$75.00	Total Value 146,055 15,250 14,800 5,175
Silent auction net proceeds		39,170
Total Ticket sales -Revenue (non-deductible for donor) Contributions from tickets +Contributions from silent auction Total Contribution from Special Event		160,855 <u>20,425</u> 140,430 <u>39,170</u> 179,600
Revenue (non-deductible for donors) -Total Event expenses Loss		20,425 <u>62,642</u> (42,217)

HOPE FUNDS FOR CANCER RESEARCH

YEAR END: 12.31.07 EIN: 20-5799367

FORM 990, PART III – ORGANIZATIONS PRIMARY EXEMPT PURPOSE

The Hope Funds for Cancer Research encourages investigation of innovative cancer treatment and detection for the most difficult-to-treat and understudied cancers. The Hope Funds for Cancer Research will support scientific and medical research programs aimed at increasing knowledge relating to both cancer care and prevention. We will support programs we believe have the highest probability of success in addressing unmet medical needs, which we will determine by rigorous scientific and economic analysis.

HOPE FUNDS FOR CANCER RESEARCH YEAR END: 12.31.07 EIN: 20-5799367

FORM 990, PART V-A, CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Name and Address		Title and average hours per week devoted to position	ed to position	Compensation	Contributions to employee benefit plans and defined contribution plans	Expense Account and other allowances
Leah Rush Cann	226 Bellevire Avenue Suite 11 Newbort RI 02840	Chairman	8 hours per week	None	None	None
Adrian Looney, PhD, JD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Secretary	3 hours per week	None	None	None
Berry Packham		Treasurer	3 hours per week	None	None	None
John Parks	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Chairman of the Executive Committee	1 hour per week	None	None	None
David Keefe, MD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Vice Chairman	1 hour per week	None	None	None
Charles Baltic	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	2 hours per week	None	None	None
Mark Bardorf, JD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	6 hours per week	None	None	None
Tenley Beals	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	1 hour per week	None	None	None
Patricia Bilden, MD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	6 hours per month	None	None	None
Raphael Blum	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	6 hours per month	None	None	None
David Garrett	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	6 hours per month	None	None	None
	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	6 hours per month	None	None	None
	226 Bellevue Avenue, Suite 11, Newport, RI 02840		1 hour per month	None	None	None
Michael Hochberg, JD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	•	2 hours per week	None	None	None
	226 Bellevue Avenue, Suite 11, Newport, RI 02840		1 hour per month	None	None	None
Debra Kennedy, MD	226 Bellevue Avenue, Suite 11, Newport, RI 02840	_	6 hours per month	None	None	None
	226 Bellevue Avenue, Suite 11, Newport, RI 02840	_	3 hours per month	None	None	None
Joclyn Schelin	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	3 hours per month	None	None	None
Ayesha Sıtlanı	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	2 hours per week	None	None	None
Rockwell Stensrud	226 Bellevue Avenue, Suite 11, Newport, RI 02840	Trustee	3 hours per month	None	None	None

HOPE FUNDS FOR CANCER RESEARCH

YEAR END: 12.31.07 EIN: 20-5799367

FORM 990, PARTV-A, LINE 75b – CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Adrian Looney and Ayesha Sitlani are a married couple. Dr. Looney served on the Board of Trustees for the entire year 2007. Dr. Sitlani resigned from the Board of Trustees on October 26, 2007.