WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> NO STOMACH FOR CANCER, INC. PO BOX 46070 MADISON, WI 53744-6070

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		PUB	LIC DISCLOSURE COPY - STATE REGISTRA			
	0		Return of Organization Exempt Fro	m Income Ta	X	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		lations)	201/
		of the Treasury	Do not enter social security numbers on this form as it			Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the		10	Inspection
<u>A</u>	or th			<u>g JUN 30, 20</u>		
Ba	heck if	Die: C Name of	forganization	D Employer ide	ntificati	ion number
_	Addre		TONACII FOD CANCED INC			
			TOMACH FOR CANCER, INC.	<sub>27</sub>	101	1363
	_]chanı ]Initial	<u>~</u>	usiness as			1303
	_returr Final		and street (or P.O. box if mail is not delivered to street address) Room OX 46070			2-5141
	returr_ termi	ň-		G Gross receipts \$	0-09	277,892.
	ated Amer	nded MADT	own, state or province, country, and ZIP or foreign postal code SON, WI $53744-6070$			
	⊥returr ]Appli _tion		nd address of principal officer: MELANIE TORBORG	<b>H(a)</b> Is this a grou for subordin		
	pend		AS C ABOVE	H(b) Are all subordina		
1.1	ах-ех	empt status:				. (see instructions)
<u>.</u> J /	Nebsi	ite: ► WWW •	NOSTOMACHFORCANCER.ORG	H(c) Group exem		,
				Year of formation: 200		
	art I					<u> </u>
_	1	Briefly describ	e the organization's mission or most significant activities: OUR MIS	SION IS TO S	UPPC	RT
ů.		RESEARC	H AND UNITE THE CARING POWER OF PEOP	LE WORLDWIDE	AFF	ECTED BY
rna	2	Check this bo	x      x      if the organization discontinued its operations or disposed of	more than 25% of its n	et asset	S.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	9
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		4	9
es 2	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	1
Activities & Governance	6	Total number	of volunteers (estimate if necessary)		6	9
Act	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	0.
				Prior Year		Current Year
ne	8		and grants (Part VIII, line 1h)	230,35		271,971.
Revenue	9		ce revenue (Part VIII, line 2g)	1.0	0.	0. 1,047.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)			367.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.0.0.00		273,385.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100 00		51,454.
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
		<u> </u>		50,90		51,540.
Expenses	162	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 58,963.		0.	0.
per	h	Total fundrais	ind expenses (Part IX, column (D) line $25$ ) $\blacktriangleright$ 58, 963.			•••
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)	70,86	4.	78,724.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			181,718.
	19		expenses. Subtract line 18 from line 12			91,667.
or				Beginning of Current Y	ear	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	358,38	1.	402,454.
t As: d Bé	21		(Part X, line 26)	59,16		10,284.
Fun	22		fund balances. Subtract line 21 from line 20	299,21	7.	392,170.
	art II	Signature	e Block			
			I declare that I have examined this return, including accompanying schedules and		of my kn	owledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowledge.		

Sign	Signature of officer	Date								
Here	▶ ROGER BYERS, BOARD CHAIR									
	Type or print name and title									
	Print/Type preparer's name MTKE HABLEWITZ CPA Preparer's signature Mile Hag 12/20/	Check PTIN								
Paid	MIKE HABLEWITZ, CPA MULTER 12/20/	18 self-employed P01259157								
Preparer	Firm's name 🕒 WEGNER CPAS, LLP	Firm's EIN <b>39-0974031</b>								
Use Only	Firm's address 2921 LANDMARK PL STE 300									
	MADISON, WI 53713-4236	Phone no. $608 - 274 - 4020$								
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No								
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2017)								
~										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

32002	11-28-17 SEE SCHEDULE O FOR CONTINUATI	ON(S)	
10		Form <b>S</b>	<b>990</b> (20
	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ▶ 101,486.	)	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
	CONTINUE       RAISING       FUNDS       TO       BE       GRANTED       FOR       STOMACH       CAN         (Code:      ) (Expenses \$		EA
	EDUCATION ABOUT STOMACH CANCER, AND WORKING WITH PRI MEDIA ON STORIES RELEVANT TO THE NO STOMACH FOR CANC	NT AND BROADCAS	
	WORK TO EDUCATE MEDICAL PROFESSIONALS AND THE GENERA SPEAKING AT VARIOUS EDUCATIONAL INSTITUTES, ADVOCATI	L PUBLIC BY	
	PHONE, BY IN-PERSON VISITS TO MEMBERS OF THE NO STOM COMMUNITY, AND ONLINE THROUGH E-MAIL, ONLINE FORUMS,		W
	PREPARING FOR TOTAL GASTRECTOMY, OR WHO ARE FAMILY M CAREGIVERS OF THIS GROUP OF PEOPLE. SUPPORT IS PROV	IDED OVER THE	
	STOMACH CANCER, WHO HAVE TESTED POSITIVE FOR GENETIC		AR
	WE PROVIDE SUPPORT TO PEOPLE WHO HAVE BEEN DIAGNOSED CANCER, WHO ARE UNDERGOING GENETIC TESTING FOR A HER	WITH STOMACH EDITARY FORM OF	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$101,486 • including grants of \$51,454 • )	(Revenue \$	
	Describe the organization's program service accomplishments for each of its three largest program service Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations		
	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If "Yes," describe these changes on Schedule O.		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed on	the	v
	EDUCATION ABOUT STOMACH CANCER, INCLUDING HEREDITARY CANCER (HDGC); ESTABLISH AND MAINTAIN A NETWORK OF S		C
	OUR MISSION IS TO SUPPORT RESEARCH AND UNITE THE CAR	ING POWER OF	AN
	Briefly describe the organization's mission:		
1	Check if Schedule O contains a response or note to any line in this Part III		

_		
Form	990	(2017)

NO STOMACH FOR CANCER, INC. Part IV Checklist of Required Schedules

			Yes	No
1	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		x
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		x
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		x
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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		x
b	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		- 23
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
1 <b>2</b> 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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,			
	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 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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	10		IX

Form **990** (2017)

732003 11-28-17

Form 990 (2017)

NO STOMACH FOR CANCER, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OFh		x
26	,	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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		X
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		X
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		X
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		X
	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		<b> </b>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L

Form **990** (2017)

732004 11-28-17

Form	990 (2017) NO STOMACH FOR CANCER, INC. 27-1011	363	Р	age <b>5</b>						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
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 2a 1									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb								
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						
b	If "Yes," enter the name of the foreign country:									
	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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	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		X						
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).			x						
а										
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
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?	8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h								
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Initiation fees and capital contributions included on Part VIII, line 12 10a									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
b 11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
D	amounts due or received from them.) 11b									
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
ч	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
2	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
	,		990	(2017)						

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Form 990	(2017)
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NO STOMACH FOR CANCER, INC.

X

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

	tion A. Governing Body and Management					Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	a	9	)	103	+
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	11		9	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl				-		
2					2		1
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the second second						-
Ū	of officers, directors, or trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form				4		-
- 5	Did the organization become aware during the year of a significant diversion of the organization's a				5		-
6	Did the organization become aware during the year of a significant diversion of the organization sa Did the organization have members or stockholders?				6		-
_	Did the organization have members of stockholders?				0		-
7a					7-		
	more members of the governing body?				7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	,	,				
_	persons other than the governing body?				7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			-		v	
а	The governing body?				8a	X	_
b	Each committee with authority to act on behalf of the governing body?				8b		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		_
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Rever	nue Code	<u>e.)</u>			_
						Yes	i
0a	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapt	ers, affilia	ates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		-			
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						-
Ŭ	in Schedule O how this was done				12c	x	
13	Did the organization have a written whistleblower policy?				13	x	-
14	Did the organization have a written document retention and destruction policy?				14	X	-
					14		-
15	Did the process for determining compensation of the following persons include a review and appro	-	indepen	laent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				45	x	
	The organization's CEO, Executive Director, or top management official				15a		_
b	Other officers or key employees of the organization				15b		
	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 arrang	emen	t with a				
	taxable entity during the year?				16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganiza	tion's				
	exempt status with respect to such arrangements?				16b		_
പപ	tion C. Disclosure		-				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AK , AZ , AR ,	CA,	CT,FI	L,IL,KS	3,KY	, ME	3
17		)-T (Se	ection 50 <sup>-</sup>	1(c)(3)s only)	availab	ole	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply.						
17		in in S	Schedule	O)			
17	for public inspection. Indicate how you made these available. Check all that apply			,	d finan	cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         Image: Describe in Schedule O whether (and if so, how) the organization made its governing documents, comparison made its governing docum			,	d finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	conflic	t of intere	est policy, an	d finan	cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflic	t of intere	est policy, an	d finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to <b>MELANIE TORBORG</b> - $612 - 799 - 3398$	conflic	t of intere	est policy, an	d finan	cial	_
17 18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflic	t of intere	est policy, an		cial	5

(E)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	Employees, and Independent Contractors	

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

(R)

(A)

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.

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

 $(\mathbf{C})$ 

**(D)** 

(E)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru:	nal ti		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(1) ROGER BYERS	15.00									•
BOARD CHAIR		Х		Х				0.	0.	0.
(2) GRETCHEN BORZI	3.00									
SECRETARY		х		Х				0.	0.	0.
(3) MELANIE TORBORG	3.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(4) SIMONE BUSIJA	3.00									
DIRECTOR		Х						0.	0.	0.
(5) TERRI BEACH	3.00									
DIRECTOR		Х						0.	0.	0.
(6) WAGNER ALEXANDER DE ANDRADE VIA	3.00									
DIRECTOR		Х						0.	0.	0.
(7) LAURA CIEZADLO	3.00									
DIRECTOR		Х						0.	0.	0.
(8) DYLAN DAVIDSON	3.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) MAHLON GOMA	3.00									
DIRECTOR		х						0.	0.	0.
(10) JON FLORIN	40.00							45 450		•
EXECUTIVE DIRECTOR				Х				47,473.	0.	0.
										- 002
732007 11-28-17										Form <b>990</b> (2017)

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	990 (2017) NO STOMAC									27-1	011	363	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box offic	not c , unle	ss pei	i <b>tion</b> more rson i	than o is botl or/trus	h an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensatic from related organization	on d	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatio	e ion ed
	Sub-total								47,473.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 47,473.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>	-				•			highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	ation	n and	d otl	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>					-						5		x
Sec	tion B. Independent Contractors											•		
1	Complete this table for your five highest con the organization. Report compensation for t										npens	ation f	rom	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	(C) Compensation			n
2	Total number of independent contractors (ir	ncluding but n	ot lii	nite	d to			stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)					Form	<b>990</b> (2	2017)

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			TOMACH FO	R CANCER	, INC.		27-1011	363 Page 9
Pa	rt VI							
_		Check if Schedule O cont	tains a response	or note to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ts, Arr		Fundraising events		19,361.				
Gif		Related organizations						
Sin',		Government grants (contribut						
utic Jer	t	All other contributions, gifts, gran similar amounts not included abo		252,610.				
l Otl		Noncash contributions included in lines		252,010.				
Con		Total. Add lines 1a-1f			271,971.			
				Business Code				
e	2 a	l						
ervio	b							
n Se	с							
jran Rev	d							
Program Service Revenue	е							
-	f	1 5						
	<u> </u>	Total. Add lines 2a-2f						
	5	other similar amounts)			1,047.			1,047.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) .						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraisin including \$19,3						
leve		contributions reported on line						
erF		Part IV, line 18		0.				
oth		Less: direct expenses		1,982.	1 000			1 000
-		Net income or (loss) from fund	-	►	-1,982.			-1,982.
	9 a	Gross income from gaming a						
	h	Part IV, line 19						
		Net income or (loss) from gan		<b></b>				
		Gross sales of inventory, less	•					
		and allowances		4,874.				
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	es of inventory	▶	2,349.			2,349.
		Miscellaneous Revenu	le	Business Code				
	11 a							
	b							<u> </u>
	c d							
		<b>Total.</b> Add lines 11a-11d						
	12	Total revenue. See instructions.			273,385.	0.	0.	1,414.
73200	9 11-2							Form <b>990</b> (2017)

Part IX Statement of Functional Expenses

NO STOMACH FOR CANCER, INC.

<u> </u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 500	4 500		
	individuals. See Part IV, line 22	1,500.	1,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	40.054	40.054		
	individuals. See Part IV, lines 15 and 16	49,954.	49,954.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	47,888.	7,183.	4,789.	25 016
~	trustees, and key employees	4/,000.	7,103.	4,/09.	35,916
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	section 401(k) and 403(b) employer contributions)				
9 0	Other employee benefits	3,652.	548.	365.	2,739
1	Payroll taxes Fees for services (non-employees):	5,052.	540.	505.	2,755
' a	Management				
b	Legal	1,077.		1,077.	
	Accounting	6,117.		6,117.	
	Lobbying	• , = = : •		• / = = : •	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	13,210.	11,889.	1,321.	
2	Advertising and promotion	5,751.	5,751.		
3	Office expenses	11,384.	1,067.	2,323.	7,994
4	Information technology	4,875.	812.	17.	7,994 4,046
5	Royalties				
6	Occupancy	4,200.	630.	420.	3,150
7	Travel	4,092.		4,092.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	25,514.	21,776.	498.	3,240
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	2,504.	376.	250.	1,878
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
с					
d					
е	All other expenses				
.5	Total functional expenses. Add lines 1 through 24e	181,718.	101,486.	21,269.	58,963
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2017)

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Form 990 (2017)

Part X Balance Sheet

NO STOMACH FOR CANCER, IN	0V.	STOMACH	FOR	CANCER,	INC
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I GI	ιΛ	Dalance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		289,575.	1	330,792.
	2	Savings and temporary cash investments	51,231.	2	2,429.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use		2,391.	8	1,492.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	49,613.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	15,184.	15	18,128.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	358,381.	16	402,454.
	17	Accounts payable and accrued expenses	9,164.	17	10,284.	
	18	Grants payable	50,000.	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former				
iliti		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
			·····  -	E0 164	25	10,284.
	26	Total liabilities. Add lines 17 through 25		59,164.	26	10,204.
		Organizations that follow SFAS 117 (ASC 958				
ces	07	complete lines 27 through 29, and lines 33 an		282,895.	07	372,781.
lan	27	Unrestricted net assets		2,398.	27 28	3,956.
Fund Balances	28			13,924.	28 29	15,433.
pur	29			13,744.	29	10,400.
ц Г		Organizations that do not follow SFAS 117 (As	SC 958), check here 🕨 🛄			
Net Assets or	20	and complete lines 30 through 34.			20	
se	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq			30 31	
tAŝ	32	Retained earnings, endowment, accumulated in			32	
Ne	33	Total net assets or fund balances		299,217.	33	392,170.
	34	Total liabilities and net assets/fund balances		358,381.	34	402,454.
				,	<del></del>	Form <b>990</b> (2017)

Form **990** (2017)

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Form	NO STOMACH FOR CANCER, INC.	27-101	L1363	Pac	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	181		
3	Revenue less expenses. Subtract line 2 from line 1	3			67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			17.
5	Net unrealized gains (losses) on investments	5	-1	L,6	58.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4	2,9	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	392	2,1	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0.			
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 reviewer	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	<b>990</b> (	2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
1		550		

# 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
2017
Open to Public Inspection

Name of the organization	
	110

Employer identification number

н

	NO S	TOMACH FOR	CANCER, INC	•			2	7-1011363		
Part I	Reason for Public	Charity Status (A	All organizations must co	mplete th	is part.) Se	e instructions	3.			
The organ 1 2 3 4	ization is not a private found A church, convention of ch A school described in <b>sect</b> A hospital or a cooperative A medical research organiz	hurches, or association tion 170(b)(1)(A)(ii). (/ hospital service organ	on of churches described Attach Schedule E (Form anization described in <b>se</b>	d in <b>sectio</b> 1 990 or 99 ection 170	on <b>170(b)(</b> 90-EZ).) D(b)(1)(A)(i	1)(A)(i). ii).	(iii). Enter	the hospital's name,		
5	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 🗌			aantal unit daaaribad in r	nation 17	70/61/41/41	()				
6 7 X	A federal, state, or local go An organization that norma						he general	public described in		
	section 170(b)(1)(A)(vi). (C	Complete Part II.)								
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	: 11.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or		
	university:									
10	An organization that norma									
	activities related to its exer	mpt functions - subjec	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized	and operated exclusion	ively to test for public sa	fety. See s	section 50	)9(a)(4).				
12	An organization organized	and operated exclusion	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or		
	more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> or	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box in		
_	lines 12a through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and	d 12g.			
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	r giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b 🗌	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	tion with it	ts support	ed organizatio	n(s), by ha	iving		
	control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported		
	organization(s). You mus									
c 🗌	Type III functionally inte	-		in connec	tion with, a	and functional	lly integrat	ed with,		
	_ its supported organizatio	on(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.				
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	ization(s)		
	that is not functionally inf	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and	d an attent	iveness		
	requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
e 🗌	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
	functionally integrated, o	r Type III non-functio	nally integrated supporti	ng organi:	zation.					
f Ente	er the number of supported of	organizations								
g Pro	vide the following information			(iv) le the even	ninghigh light d					
	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount of		(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Total										
TUTAL								1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

## Schedule A (Form 990 or 990-EZ) 2017 NO STOMACH FOR CANCER, INC. Part II Support Schedule for Organizations Described in Sections 17

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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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	125,993.	179,520.	198,032.	230,358.	271,971.	1005874.
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	125,993.	179,520.	198,032.	230,358.	271,971.	1005874.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						64,828.
6	Public support. Subtract line 5 from line 4.						941,046.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	125,993.	179,520.	198,032.	230,358.	271,971.	1005874.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	90.	1,397.	100.	100.	1,047.	2,734.
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.)						
11	Total support. Add lines 7 through 10						1008608.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	93,368.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	93.30 %
	Public support percentage from 2016					15	96.58 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	<b>stop here.</b> Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
					<b>.</b> .		

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 NO STOMACH FOR CANCER, INC. 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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				•	- I	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the experimentian 1					
14	First five years. If the Form 990 is for	e					
80	check this box and stop here	o Support Do	roontago		<u></u>		
	Public support percentage for 2017 (I					15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
<b>1</b> 9a	1 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organia	zation	▶□
b	33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	top here. The orga	anization qualifies	as a publicly supp	orted organization	n <b>&gt;</b>
20	Private foundation. If the organization						
	23 10-06-17		,				90 or 990-EZ) 2017
				15	50	,	<b>_,</b>
)31	L220 788028 10569.1A	<b>S01 20</b>	17.05010	NO STOMAC	H FOR CAN	CER, INC.	10569_11

12031220 788028 10569.1AS01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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 disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 NO STOMACH FOR CANCER, INC. Part IV Supporting Organizations (continued)

			Yes	No
44	Has the organization accorted a gift or contribution from any of the following persons?		165	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0		-		
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	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete 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 government entity (see ins	truction	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
a	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,			
	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				
	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 (a) and (b) below.			
a	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? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
7005				2047
/3202	5 10-06-17 Schedule A (Form 9	90 OF 95	ло-с <b>с</b> (	2017

# Schedule A (Form 990 or 990 EZ) 2017 NO STOMACH FOR CANCER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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 insti	ructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for gr	eater amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Colum	in A) <b>1</b>		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Col	umn 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	t to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as	a non-functionally integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	3
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>    i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
<u>0</u>	and 4c. Breakdown of line 7:			
8				
-	Excess from 2013			
-	Excess from 2014 Excess from 2015			
	Excess from 2015 Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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	Supplemer Part IV, Sectio	ntal Informa n A, lines 1, 2, 3 Section D, lines	3b, 3c, 4b, 4c	c, 5a, 6, 9a, 9	)b, 9c, 11a, 1	1b, and 11c;	Part IV, Secti	on B, lines 1 a	nd 2; Part IV,	Section C
	Section D, line (See instruction	s 5, 6, and 8; ar	nd Part V, Se	ction E, lines	2, 5, and 6.	Also complet	e this part for	any additiona	l information.	re; Part v
2028 10-06-1	7							Schedule	A (Form 990 d	or 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2017

Employer identification number

U U		
	NO STOMACH FOR CANCER, INC.	27-1011363
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, butor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amou D-EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or eductor of cruelty to children or animals. Complete Parts I, II, and III.	,

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of oi	rgan	ization
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NO STOMACH FOR CANCER, INC.

Employer identification number

27-1011363

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$45,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2		\$5,740.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
_		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II fo

Employer identification number

27-1011363

NO STOMACH FOR CANCER, INC.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	000 000 57
3453 11-01-17	21		990, 990-EZ, or 990-PF)

Name of orga	nization			Employer identification number
NO STOI	MACH FOR CANCER, INC.			27-1011363
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Completi completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if additic	e columns <b>(a)</b> through <b>(e) and</b> the foll ous, charitable, etc., contributions of \$1,000	owing line entry. For organizati	or (10) that total more than \$1,000 for
(a) No.				
`from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of g	 ft	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of g	ft	
-	Transferee's name, address,			ansferor to transferee
- - (a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
- _ _		(e) Transfer of g	 ft	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
		(e) Transfer of g		
	Transferee's name, address,			ansferor to transferee
-				
723454 11-01-1	7		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2017

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SCHEDULE D

Department of the Treasury

(Form	990)
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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.



Employer identification number

Internal Revenue Service Name of the organization

NO STOMACH FOR CANCER, INC.

Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts. Complete if the accounts. Complete i	
1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accour         2       Aggregate value of contributions to (during year)	ts
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	ts
2       Aggregate value of contributions to (during year)         3       Aggregate value of grants from (during year)         4       Aggregate value 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	
4 Aggregate value at end of year	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control? Yes	🗌 No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	No No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	
Protection of natural habitat	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the	e last
day of the tax year. Held at the End of the	
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register 2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax	
year 🕨	
<ul> <li>A Number of states where property subject to conservation easement is located</li> </ul>	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	🗌 No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye	ear
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
▶\$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	🗌 No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, a	nd
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for	
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of	art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in I	Part XIII,
the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,	nistorical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following	amounts
relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following employed to be upperted upday OFAC 110 (ACC OFC) valation to these items	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
a Revenue included on Form 990, Part VIII, line 1	190) 2017

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Sche	dule D (Form 990) 2017 NO STOM	ACH FOR CAL	NCER, INC.			27-10	1136	3 P	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are a	significant	use of its	collectio	n item	IS
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit or						7.		٦.,
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange								_ No
1 0	reported an amount on Form 990, Part		ete il the organizatio	n answered res d	00000	J, Part IV,	line 9, 0	ſ	
1a	Is the organization an agent, trustee, custodia		liary for contribution	ns or other assets no	t included				
ia	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:			······			
	······································						Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance						_		_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liab	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if				1				
		(a) Current year	(b) Prior year		(d) Three y		<b>(e)</b> Fou		
1a	Beginning of year balance	15,184.	12,938.	· · ·		14,344.		13	,397.
b	Contributions	1,509.	382.						0.45
	Net investment earnings, gains, and losses	1,435.	1,864.	-514.		95.			947.
	Grants or scholarships								
е	Other expenditures for facilities			655.		656.			
	and programs			655.		000.			
	Administrative expenses	18,128.	15,184.	12,938.		13,783.		11	,344.
g 2	End of year balance Provide the estimated percentage of the current percentage of the cur	,	,	,	·	19,709.		11,	, 511.
ے a	Board designated or quasi-endowment	ent year end balanc	%						
	Permanent endowment  85.13	%	/0						
	· · · · · · · · · · · · · · · · · · ·	<b>1.8</b> 7 %							
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses		ation that are held a	and administered for	the organiz	zation			
	by:	0			Ũ			Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		· · · ·		<, line 10.				
	Description of property	(a) Cost or of					( <b>d)</b> Boo	k valu	е
		basis (investr	nent) basis	(other) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other		X column (R) line	10c)					0.
Tota					<u></u>	Schedule	D (Forr	n 990	-

Schedule D (Form 990) 2017		STOMACH	FOR	CANCER,	INC
Part VII Investments -	Other S	Securities.			

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	►
<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

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27-1011363	Page <b>4</b>

1 41	Reconcination of Nevenue per Addited I mancial Stateme	nto with nevenue per n	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5			5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	

а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1
b	Other (Describe in Part XIII.) 4b				
с	Add lines <b>4a</b> and <b>4b</b>	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5			
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1, and 4. Part IV	/ lines	1b and 2b. Part V line	1 <sup>.</sup> Parl	X line 2. Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT INCLUDES FUNDS DESIGNATED BY THE DONOR TO

FUNCTION AS ENDOWMENTS IN PERPETUITY AND FUNDS GENERATED BY INVESTMENT

EARNINGS THAT CAN BE USED FOR SCHOLARSHIPS.

732054 10-09-17

(Form 990)       • Complete if the organization answered Yest on Form 980, Part IV, line 44b, 15, or 18.       2017         Destinguid (14 harms)       • Go to wow ins.gov/Form990 for instructions and the latest information.       Employer identification number 100 models in the organization answered Yest on Form 980.       Employer identification number 27-1011183         Nos STOMACH FOR CANCER, TINC.       27-1011183       27-1011183         Part I       General Information on Activities Outside the United States. Complete if the answered Yest on Form 990, Part IV, line 44b.       27-1011183         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.       Image with the second of the second of the second of the grants or assistance is into the organization answered Yest on Form 990, Part IV, line 44b.       Image with the second of the region (10 / Partitional space is needed)       (0) Fortal second of the region (10 / Partitional second of the region of service(s) in the region in the region of service(s) in the region of service(s) in the region of service(s) in the region in the region of service(s) in the region of serv	SCHEDULE F		Stateme	OMB No. 1545-0047				
bit organization     contract bit organization     contract bit     bit organization     contract bit     b								2017
Name of the organization         Employer identification number 27-1011363           Part III General Information on Activities Outside the United States. Complete if the organization maintain records to substantiate the amount of its grants and other assistance?         Yes 'on           1 For grantmakers. Describe in Part V the organization is procedures for monitoring the use of its grants and other assistance?         Yes '(x) the '(			<b>N</b> 0. 1.	· · · · / · · / ·	-			
NO STOMACH FOR CANCER, INC.       27-1011363         Part1       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 380, Part IV, Ima 14b.       Part I manufacture in the grants or assistance, and the selection offeria used to award the grants and other assistance outside the United States.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.       Image: The State			Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		•
Part II         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 390, Part IV, line 14b.           1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance?         Ves         X No           2         For grantmakers. Does the organization spreadures for montoring the use of its grants and other assistance outside the United States.         Ves         X No           3         Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)         (e) (fl activity listed in (d) is a program service, and other region for provides, investments, grants to grants and other assistance outside the United States.           4         (a) Region (b) Number of (c) (Antivities conducted in the region is a program service, and the region in the region is a provine (c) in the region in the region in the region in the region is a provine (c) in the region is a provine (c) in the r	Ũ							
Form 390, Part V, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. In the grantes' eligibility for the grants or assistance outside the United States.         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed)         (a) Region       (b) Number of its process, investments, grants to a service(s) in the region       (c) Total (concess, investments, grants to ervice(s) in the region in the region in the region in the region       (c) Total (concess, investments, grants to ervice(s) in the region in the region in the region in the region         3       activities process, investments, grants to ervice(s) in the region in the region in the region       (c) Total (concess, investments, grants to ervice(s) in the region         3       activities process, investments, grants to ervice(s) in the region in the regi					taida tha Unitad States			
1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. Including the grants or assistance?       Image: Transmission of the selection criteria used to award the grants or assistance?       Image: Transmission of the selection criteria used to award the grants or assistance?       Image: Transmission of the selection criteria used to award the grants or assistance?       Image: Transmission of the selection criteria used to award the grants and other assistance outside the United States.         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       (a) Region (The following Part I, line 3 table can be duplicated if additional space is needed.)       (b) Transmission of the region (the topologies, and organization as nervices, investments, grants to associated in the region or and investments grants to associate the service (topologies, and organization exclusion)       (c) (Tatal describe specific type or and investments grants to a describe specific type of service(s) in the region				cuvilles Ou	iside the Officed States. Comple	ete if the organ	lization answei	red "Yes" on
2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (a) Region       (b) Number of Grantmakers. Distributional space is needed.)         (a) Region       (b) Number of Grantmakers. In the region         (a) Region       (b) Number of Grantmakers. In the region         (b) Variations in the region       (c) Activities conducted in the region         (c) Total for and functional space is needed.)       (c) Total for and functional space is needed.)         (c) Region       (b) Number of Grantmakers. Space is needed.)         (c) Region       (b) Number of Grantmakers. Space is needed.)         (c) Region       (c) Activities conducted in the region         (c) Region       (c) Region	1 For grantm	akers. Does	the organizatior		-			
United States. 3 Activities per Region. The following Part I, line 3 table can be duplicated if additional space is needed. (a) Region (b) Number of offices in the region (c) Number of offices in the region (c) Yupe (such as, fundrating, pre- describe specific type of service(s) in the region (c) Yupe (such as, fundration) (c) Yupe (such a	the grantees	s' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes A No
3         Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (e) Region         (b) Number 0         (c) Number 0			cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the
a Sub total       0       0       0       0         3 a Sub total       0       0       0       0       0			he following Parl	I, line 3 table c	an be duplicated if additional space is r	needed.)		
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.	<b>(a)</b> Regi	on	offices	agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service, e specific type	expenditures for and investments
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
b Total from continuation sheets to Part I     0     0     0     0.       c Totals (add lines 3a         0.								
sheets to Part I     0     0     0.       c Totals (add lines 3a     Image: Constraint of the state	3 a Sub-total		0	0				0.
c Totals (add lines 3a			0	0				0.
	c Totals (add							

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

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Schedule F (Form 990) 2017

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	GENERAL SUPPORT	29,954.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	20,000.	WIRE TRANSFER	0.		
			recognized as charities by the					
by the IRS, or for which	ch the grantee or cou	unsel has provided a sec	tion 501(c)(3) equivalency lette	er		►		0
3 Enter total number of	other organizations	or entities						2

Schedule F (Form 990) 2017

27-1011363

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17		Schedule F (Form 990) 201
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31220 788028 10569.1A	01 2017.05010 NO STOMACH FOR CANC	ER, INC. 10569 11
		, <b></b>

SCHEDULE G (Form 990 or 990-EZ)	Complete if the	ental Information Regarding e organization answered "Yes" on organization entered more than \$15	Form 5,000	990, F on Fo	Part IV, line 17, 18, o rm 990-EZ, line 6a.			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/Form990</li> </ul>						Open to Public Inspection
Name of the organization		ACH FOR CANCER, IN					Employer in 27-101	lentification number 1363
		Complete if the organization answe		'es" oi	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ol> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organizatio key employees lister</li> </ol>	e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special pr oral agreement with any individual part VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: jundraising services?	stees	Y	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
Total           3         List all states in white or licensing.	ch the organizatio	on is registered or licensed to solicit c	ontrik	outions	s or has been notified	d it is	exempt from	registration
	duction Act Not	ice, see the Instructions for Form §	200 ~-	000	=7 4	Soho	dula G (Earm	990 or 990-EZ) 2017
	AGE NOL	100, 300 me manucuona ior porma	,50 U	330-1	3	JUIG		, 550 0, <i>55</i> 0-⊑ <b>∠</b> j 201/

732081 09-13-17

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			NSFC WALK		NONE	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	19,361.			19,361.
	2	Less: Contributions	19,361.			19,361.
	3	Gross income (line 1 minus line 2)				
	3					
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				1,982.
	10	Direct expense summary. Add lines 4 through			►	1,982.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	-1,982.
Ра	rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				biligo/progressive biligo		col. (a) through col. (c))
Re						
	1	Gross revenue				
	2	Cash prizes				
sec	-					
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)		<b>&gt;</b>	
9	En	tor the state(s) in which the examination condu	unto goming optivition:			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
73208	32 09	9-13-17			Schedule G (Fo	orm 990 or 990-EZ) 2017
						-

Schedule G (Form 990 or 990-EZ) 2017 NO STOMACH FOR CANCE	R, INC.	27-1011363 <sub>Pag</sub>
11 Does the organization conduct gaming activities with nonmembers?		
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of		
to administer charitable gaming?		
<b>3</b> Indicate the percentage of gaming activity conducted in:		
a The organization's facility		13a
<b>b</b> An outside facility		
4 Enter the name and address of the person who prepares the organization's		
	3	
Name		
Address		
15a Does the organization have a contract with a third party from whom the org	anization receives gaming revenue?	Yes
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	► \$ and the a	amount
of gaming revenue retained by the third party $\triangleright$ \$	· ·	
c If "Yes," enter name and address of the third party:		
Name		
Address		
6 Gaming manager information:		
Name 🕨		
Gaming manager compensation $\blacktriangleright$ \$		
Director/officer Employee Indeper	ident contractor	
7 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions	from the gaming proceeds to	
		Yes
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed	to other exempt organizations or sn	ent in the
organization's own exempt activities during the tax year <b>&gt;</b> \$	to other exempt organizations or sp	
Part IV Supplemental Information. Provide the explanations required by	Part L line 2b, columns (iii) and (v): a	nd Part III lines 9 9h 10h 15
15c, 16, and 17b, as applicable. Also provide any additional inform		
32083 09-13-17		dule G (Form 990 or 990-EZ)
	36 CERCENTARY FOR CANCE	
31220 788028 10569.1AS01 2017.05010 NG	D STOMACH FOR CANCI	EK, INC. 10569

Schedule G	(Form 990 or 990-EZ)	NO	STOMACH	FOR	CANCER,	INC.
Part IV	Supplemental I	nformatio	<b>on</b> (continued)			

	Schedule G (Form 990 or 990-EZ)
732084 04-01-17 37	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

27-1011363

NO STOMACH FOR CANCER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STOMACH CANCER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AFFECTED FAMILIES; SUPPORT RESEARCH EFFORTS FOR SCREENING, EARLY

DETECTION, TREATMENT AND PREVENTION OF STOMACH CANCER; AND SUSTAIN A

STRONG AND HIGH PERFORMING ORGANIZATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FISCAL YEAR, WE SPONSOR AT LEAST ONE SPOTLIGHT ON STOMACH CANCER EVENT,

FREE TO MEDICAL PROFESSIONALS AND THE GENERAL PUBLIC TO BRING EDUCATION

AND AWARENESS OF THIS DISEASE. WE ALSO HOLD AN ANNUAL WORLDWIDE WALK

EACH NOVEMBER DURING STOMACH CANCER AWARENESS MONTH.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE TREASURER BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS,

OFFICERS, COMMITTEE MEMBERS, AND EMPLOYEES. ANY DIRECTOR, OFFICER,

COMMITTEE MEMBER, AND/OR EMPLOYEE IS CONSIDERED AN INTERESTED PERSON. IN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

LINA FOR Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
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Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization NO STOMACH FOR CANCER, INC.	Employer identification number 27-1011363
CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTERE	ST, THE INTERESTED
PERSON MUST DISCLOSE ALL MATERIAL FACTS TO THE GOVERNING	BODY. THE
INTERESTED PERSON CANNOT BE PRESENT AT THE MEETING WHILE	THE DETERMINATION
OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. I	F A CONFLICT THAT
MAY AFFECT THE DAILY OR LONG-TERM OPERATIONS OF THE ORGAN	IZATION IS
IDENTIFIED, EITHER THE CONFLICT IS REMOVED OR THE PERSON	IS ASKED TO NO
LONGER SERVE IN SUCH CAPACITY. IF A CONFLICT IS NOTED PE	RTAINING TO AN
EMPLOYEE, THAT PERSON WILL NOT SERVE OR SIT ON COMMITTEES	THAT PERTAIN TO
PERSONNEL ISSUES. ACTUAL OR POSSIBLE CONFLICTS OF INTERE	ST, TRANSACTION
DETAILS, AND ANY DECISIONS MADE WILL BE DOCUMENTED IN THE	MINUTES OF THE
MEETINGS OF THE GOVERNING BODY. TO ENSURE THE ORGANIZATI	ON OPERATES IN A
MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT E	NGAGE IN
ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, E	ACH DIRECTOR,
OFFICER, COMMITTEE MEMBER, AND EMPLOYEE MUST ANNUALLY SIG	N A STATEMENT THAT
AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFL	ICT OF INTEREST
POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGRE	ED TO COMPLY WITH
THE POLICY.	

FORI	м 990, ра	ART	VI,	SECTIO	DN В,	LINE	15A:									
THE	EXECUTIV	VE I	DIRE	CTOR'S	COMP	ENSATI	ON IS	5 DET	ERMI	INED	ON	AN Z	ANNUAI	BAS	IS BY	7
THE	MEMBERS	OF	THE	GOVER	NING I	BODY.	THE	MEMB	ERS	OF '	THE	GOVI	ERNINC	J LOO	K AT	
THE	RESULTS	OF	AN 2	ANNUAL	PERF	ORMANC	E REV	TEW .	AND	DAT	A ON	COI	APENSA	ATION	PAII	)
BY (	COMPARABI	LE (	ORGA	NIZATIO	ONS F	OR SIM	IILAR	POSI	TION	IS TO	O DE	TERI	MINE 7	THE		
COM	PENSATIO	N.														

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CT,FL,IL,KS,KY,ME,MD,MA,MI,MN,NH,NJ,NY,NC,OH,OR,SC,UT,VA,WI

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Name of the organization NO STOMACH FOR CANCER, INC.	Employer identification num 27-1011363
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MCF	2,94
<sup>7</sup> 32212 09-07-17 Sche 40	dule O (Form 990 or 990-EZ) (20