

GOLDMAN, CLEARFIELD & OCAMPO, LLP CERTIFIED PUBLIC ACCOUNTANTS 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045

Medical Research Charities P.O. Box 2052 Salem, MA 01970

Medical Research Charities:

Enclosed are the original and one copy of the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 California Form 199

2019 California Form RRF-1

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

GOLDMAN, CLEARFIELD & OCAMPO, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

April 30, 2020

Prepared for	Medical Research Charities P.O. Box 2052 Salem, MA 01970
Prepared by	GOLDMAN, CLEARFIELD & OCAMPO, LLP 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by March 15, 2021.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning MAY 1, 2019, and ending APR 30

94-3148591

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number

Name and title of officer JUDI HOLLEY

MEDICAL RESEARCH CHARITIES

TREASURER

Part I	Type of Return and Return Information	(Whole Dollars Only)
		(VVIIIOIC DOIIAIS OFFIS)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	723,822.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X I authorize	GOLDMAN,	CLEARFIELD	&	OCAMPO,	LLP	to enter m	ıy PIN	28726
		EF	RO fii	rm name				Enter five numbers, bu do not enter all zeros
is being filed	with a state age	nization's tax year 2019 o ency(ies) regulating chari disclosure consent scre	ities	as part of the				• •
indicated wit	thin this return th	ion, I will enter my PIN a nat a copy of the return i on the return's disclosur	is be	eing filed with a				
Officer's signature 🕨					Date	>		
Dort III Cortif	ication and /	Authortication						

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52026203077 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ► 11/18/20 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MARCH 15, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

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

<u> </u>	רטו נוופ	e 2019 calendar year, or tax year beginning MAI 1, 2019 and	ending A	PR 30, 2020	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
Σ	Addre				0.4
L	Name chang	Doing business as		94-31485	91
	Initial return Final return		Room/suite	E Telephone numbe 978-607-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	723,822.
Г	Amend				
F	return Applic tion			H(a) Is this a group re	
Ш	tion pendir	SAME AS C ABOVE		for subordinates	······ — —
				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	or 527	1 ′	list. (see instructions)
		e: > WWW.MEDICALRESEARCHCHARITIES.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1991 N	State of legal domicile; CA
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: ${ t MEDIC}$	CAL RE	SEARCH CHAR	ITIES
ŝ		RECEIVES FUNDS FROM WORKPLACE GIVING CAM	PAIGNS	FOR DISTRI	BUTION TO
Ĕ	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
Š				3	3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3
တ္		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
įţį	1	Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 39			0.
	 	Net differenced business taxable income from Form 930-1, line 33		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)		581,934.	607,066.
ne		Contributions and grants (Part VIII, line 1h)		125,833.	116,756.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		707,767.	-
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		554,942.	587,650.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,712.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		706,654.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,113.	17,296.
Net Assets or Fund Balances	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		766,451.	695,149.
AS	21	Total liabilities (Part X, line 26)		674,167.	585,569.
<u>=</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		92,284.	109,580.
	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		JUDI HOLLEY, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ADAM M CLEARFIELD, CPA ADAM M CLEARFIE	LD, C1	.1/18/20 if salf-amplow	P00306310
	parer	Firm's name GOLDMAN, CLEARFIELD & OCAMPO, LI	LP	Firm's EIN	
	Only	Firm's address 6230 OLD DOBBIN LANE, SUITE 180		7.11.11.0 2.114	
	,	COLUMBIA, MD 21045		Phone no 41	0-772-8090
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		I Hone no. ± ±	X Yes No
ivia	y uı c II	TO GISCUSS THIS TETAIT WITH THE PREPARE SHOWIT ADOVE! (SEE HISTIUCTIONS)			103 100

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MICCION OF MEDICAL DECEMBER OF THE FINDS AND OPERATE.
	THE MISSION OF MEDICAL RESEARCH CHARITIES IS TO RAISE FUNDS AND CREATE
	UNIQUE COLLABORATIONS BETWEEN DONORS, CHARITIES, AND MEDICAL
	RESEARCHERS FOR A HEALTHIER TOMORROW. WE COMBINE FORCES TO FIND
	CURES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 690,962. including grants of \$ 587,650.) (Revenue \$ 116,756.)
	MEDICAL RESEARCH CHARITIES (MRC) IS A FEDERATION OF TAX-EXEMPT
	ORGANIZATIONS REPRESENTING NATIONAL AND INTERNATIONAL MEMBER AGENCIES.
	MRC PROVIDED FISCAL, MARKETING, AND CAMPAIGN APPLICATION SERVICES TO
	ITS MEMBER AGENCIES. THESE SERVICES INCLUDED ASSISTANCE IN ACCESSING
	WORKPLACE FUNDS THROUGH THE COMBINED FEDERAL CAMPAIGN. MRC RECEIVED
	FUNDS ON BEHALF OF ITS MEMBERS FROM THESE CAMPAIGNS AND DISTRIBUTED THE
	FUNDS, NET OF ITS OPERATING EXPENSES, TO THE MEMBER AGENCIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 690,962.
	Form 990 (2019)

Form 990 (2019) MEDICAL RESE. 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		X
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	4.415		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		1
13	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		Х
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		Х
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	

	n 990 (2019) MEDICAL RESEARCH CHARITIES 94-314 rt IV Checklist of Required Schedules (continued)		<u> </u>	age 4
			Yes	No
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
24 a	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			۱
	Schedule K. If "No," go to line 25a			X
	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?		-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	-	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	. 25b	1	_^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27		. 20	1	
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	.		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			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			l
	Part V, line 1			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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ _v
	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	+	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O	. 38	1 42	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
			1	

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(gambling) winnings to prize winners?				1c	Х	

MEDICAL RESEARCH CHARITIES Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		(50.45)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		Х
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 transa			5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			Va		- 25
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		
•	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	44.				
100	amounts due or received from them.)	11b	,	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
					000	100 10

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u> </u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	b Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37				
12a	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 rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v				
	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	Λ				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		v			
a	The organization's CEO, Executive Director, or top management official	15a		X			
a	Other officers or key employees of the organization	15b		Λ			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х			
	taxable entity during the year?	16a					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
		16h					
800	exempt status with respect to such arrangements? tion C. Disclosure	16b					
	List the states with which a copy of this Form 990 is required to be filed ▶CA						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	lle onl	ı) ayail	ahlo			
10	for public inspection. Indicate how you made these available. Check all that apply.	راا ال درر	, avall	auit			
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd fina	ncial				
19	statements available to the public during the tax year.	iu iiiidi	iciai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
20	ORGANIZATION - 978-607-0164						
	P.O. BOX 2052, SALEM, MA 01970						

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	person is both an a director/trustee)		h an	compensation	compensation	amount of
	week			<u> </u>		u.c	100,	from the	from related	other
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***100)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		,		and related
	below	/id ual	tution	je.	Key employee	est co loyee	Jer J			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) MICHAEL WASHBURN	1.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(2) JUDI HOLLEY	1.00								_	
TREASURER		Х		Х				0.	0.	0.
(3) MARY NOKES	1.00			l						
SECRETARY		Х		Х				0.	0.	0.
										_
										_
		1								
		1								
		1								
		1								

932007 01-20-20 Form **990** (2019)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d is	Estir amo ot compe fron organ and r	mated unt of ther ensation in the nization related izations
			-										
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	II, Section A			· · · · · · · · · · · · · · · · · · ·				0 . 0 . 0 . eceived more than \$100	0,000 of reportab	0. 0. 0.		0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," completion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	le co " co nsat e J f	omp mple ion f	ensa ete S from uch	atior Sche any pers	n and edule y uni son racte	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con	 3	3 4 5	Yes No X X X
	(A) Name and business			DNI					Description of s		C	(C) Compens	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lii	mite	d to	tho (se li:	stec	d above) who received n	nore than			20 (22 (2)

Form 990 (2019) MEDICAL
Part VIII Statement of Revenue

			Check if Schedule O c	ontains a re	enonea	or note to any lin	e in this Part VIII			
			Cricer ii Cericadie C c	ontains and	зропос	or riote to arry in r	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè excluded
							rotarrovorido		business revenue	
										sections 512 - 514
nts ts	1	а	Federated campaigns		la	605,152.				
ir a		b	Membership dues	-	lb					
Ę,			Fundraising events		lc					
i ii			Related organizations		ld					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri		le					
Sic				· -	ie					
ĔĦ		Ť	All other contributions, gifts, g			1 014				
들튀			similar amounts not included a		lf	1,914.				
ig p		g	Noncash contributions included in I	lines 1a-1f	lg \$					
<u>8 0</u>		h	Total. Add lines 1a-1f				607,066.			
						Business Code				
ø.	2	а	PROGRAM SERVI	CE FEE	:S	900099	116,756.	116,756.		
ا کے		b								
Ser		c	-							
ΕŽ										
gra		d								
Program Service Revenue		е								
-			All other program service r				116 856			
		g	Total. Add lines 2a-2f				116,756.			
	3		Investment income (includ	ing dividen	ds, inter	est, and				
			other similar amounts)			> [
	4		Income from investment of	f tax-exemp	t bond p	oroceeds ►				
	5		Royalties	•	•	• [
			[Real	(ii) Personal				
	6	_	Gross rents	6a		'				
	·					 				
			' '''	6b		 				
			` ' '	6c						
			Net rental income or (loss)	-						
	7	а	Gross amount from sales of	(i) Sed	curities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis			1				
e le			and sales expenses	7b		1				
Revenue		С	Gain or (loss)	7c						
, Be			Net gain or (loss)			•				
her	٥		Gross income from fundraisin							
듐	0	а	including \$	- ,		1				
					of	1				
			contributions reported on I	•		1				
			Part IV, line 18							
			Less: direct expenses							
		С	Net income or (loss) from f	undraising	even <u>ts</u>					
	9	а	Gross income from gaming	g activities.	See					
			Part IV, line 19		9a	1				
		b	Less: direct expenses							
			Net income or (loss) from g							
	10		Gross sales of inventory, le		·····					
	10	а			40.]				
			and allowances							
			Less: cost of goods sold			' 				
\blacksquare		С	Net income or (loss) from s	sales of inve	entory					
ပ္ခ						Business Code				
ြု့ ရ	11	а								
an		b								
Miscellaneous Revenue		С								
ļš.		d	All other revenue							
2			Total. Add lines 11a-11d							
	12	_	Total revenue See instruction				723.822.	116.756.	0.	0.

Form 990 (2019) MEDICAL RESEARCH CHARITIES Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	587,650.	587,650.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	60,000.	54,000.	6,000.	
a	Management	00,000.	54,000.	0,000.	
b	Legal	8,000.		8,000.	
c	Accounting	0,000.		0,000.	
d e	Lobbying 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.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,447.		1,447.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FILING FEES	48,254.	48,254.		
b	BANK CHARGES	1,175.	1,058.	117.	
С					
d					
е	All other expenses			4 -	-
25	Total functional expenses. Add lines 1 through 24e	706,526.	690,962.	15,564.	0.
26	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)				

Form 990 (2019)
Part X Balance Sheet

Pa	πλ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	47,730.	1	39,952
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	585,351
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direc			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defi	ned		
		under section 4958(f)(1)), and persons described in section 4958(c)(3	B)(B)	6	
ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	851.	9	596
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	88,212.	15	69,250
	16	Total assets. Add lines 1 through 15 (must equal line 33)	766,451.	16	695,149
	17	Accounts payable and accrued expenses	25,368.	17	16,464
	18	Grants payable	648,799.	18	569,105
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule I)	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	35%		
<u>e</u>		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related thir			
		parties, and other liabilities not included on lines 17-24). Complete P	art X		
		of Schedule D		25	FOF FC0
	26	Total liabilities. Add lines 17 through 25	674,167.	26	585,569
Ş		Organizations that follow FASB ASC 958, check here			
ũ		and complete lines 27, 28, 32, and 33.	02 284		100 E00
<u>a</u>	27	Net assets without donor restrictions		27	109,580
<u>Б</u>	28	Net assets with donor restrictions		28	
֡֡֝֝ ֡		Organizations that do not follow FASB ASC 958, check here			
<u>5</u>		and complete lines 29 through 33.			
ets.	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	100 500
ž	32	Total net assets or fund balances		32	109,580
	33	Total liabilities and net assets/fund balances	766,451.	33	695,149

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	2,2	84.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		10	9,5	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	o. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MEDICAL RESEARCH CHARITIES Employer identification number 94 - 3148591

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.				
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)					
1	Ŭ.	A church, convention of ch	•	•	•	•					
2	一	A school described in secti					-7676-7-				
	П			•			:: \				
3	H	A hospital or a cooperative					-				
4	ш	A medical research organiz	ation operated in col	njunction with a nospita	i described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6	Ш	A federal, state, or local gov	ernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support t	from a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	ınction with a land-grant	college			
		or university or a non-land-g				-	-	-			
		university:	,			,,	,,	,			
10		· · · · · · · · · · · · · · · · · · ·	lly receives: (1) more	than 33 1/3% of its sur	nort from	contribution	ons membershin fees a	and aross receints from			
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
				(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.			
	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	H	-	-	•	-						
12	ш	An organization organized a	· ·	•	•		•				
		more publicly supported or	•					Check the box in			
		lines 12a through 12d that	• •			-	•				
а			ınization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
	_	organization. You must c	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,			
		its supported organization					•				
d		Type III non-functionally		•				ization(s)			
		that is not functionally int					• • • • • •				
		requirement (see instruct	-	-	•		•				
۵		Check this box if the orga	-	-							
Ŭ		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111				
	Ento	er the number of supported o		nally integrated support	ing organiz	zation.					
'		ride the following information		d organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
	•	organization	.,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)			
				above (see instructions))							

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

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

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1818656.	1241644.	776,183.	581,934.	607,066.	5025483.
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	1010656	1041644	BBC 100	F01 024	607.066	F00F402
4	Total. Add lines 1 through 3	1818656.	1241644.	776,183.	581,934.	607,066.	5025483.
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)						5025483.
	Public support. Subtract line 5 from line 4.						3023463.
	ndar year (or fiscal year beginning in)	(a) 201 <i>E</i>	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015 1818656.	(b) 2016 1241644.	(c) 2017 776, 183.	(d) 2018 581,934.	(e) 2019 607, 066.	(f) Total 5025483.
8	Amounts from line 4 Gross income from interest,	10100301	1211011.	770,103.	301,331.	007,000.	30234031
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)	221,324.	166,375.	164,708.	125,833.	116,756.	794,996.
11	Total support. Add lines 7 through 10						5820479.
12		etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	column (f))		14	86.34 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	87.22 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			►X
b	33 1/3% support test - 2018. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						<u></u> ₽₩
<u>18</u>	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	and see instruction	s ▶∟

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)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<u> </u>					
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>			1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>			1		
12	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.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
<u></u>							<u></u>
	ction C. Computation of Publ			. (0)		Liel	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			no 12 octumn (4)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2						%
198	a 33 1/3% support tests - 2019. If the						I / IS NOT
	more than 33 1/3%, check this box a						P
r	33 1/3% support tests - 2018. If the	•			•		
20	line 18 is not more than 33 1/3%, che						

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	9с		
	10a		
m C	10b 90 or 99	00.EZ	2010
ייי פ	20 OI 35	,u-⊑Z)	2013

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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 inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	↑ V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
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 t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEDICAL RESEARCH CHARITIES

Employer identification number 94-3148591

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed 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 a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gam, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

Pai	t III Organizations Maintaining Coll	lections of A	rt, Hist	orical Tr	easures, o	or Other	Simila	r Asset	S (continu	ed)
3	Using the organization's acquisition, accession,	and other record	ds, check	any of the	following tha	at make siç	nificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗆 L	oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explai	in how the	ey further t	he organizati	ion's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint							\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X			Ü			,	ŕ	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for c	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						v?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						,			
	t V Endowment Funds. Complete if the).			
		a) Current year		ior year	(c) Two year		1) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance	.,	(-,	,	(-, ,		<u>, , , , , , , , , , , , , , , , , , , </u>		χ-, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
-	Other expenditures for facilities									
ŭ	. '									
f	Administrative expenses							-		
g g	End of year balance							- 		
2	Provide the estimated percentage of the current	t vear end haland	L Se (line 1 c	r column (a)) held as:					
a	Board designated or quasi-endowment	i year end balane	%	y, coluitiii (i	ajj ricia as.					
b	Permanent endowment	%								
	Term endowment > %									
·	The percentages on lines 2a, 2b, and 2c should	egual 100%								
32	Are there endowment funds not in the possession		ation that	t are held a	and administs	ared for the	organiza	ation		
ou	by:	on or the organiz	ation tha	t are ricid e	ina aaniiniste	orca for the	organize	2011	√	es No
	•								3a(i)	63 140
	(ii) Unrelated organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organization								3b	-
4	Describe in Part XIII the intended uses of the org								30	
Pai	t VI Land, Buildings, and Equipmen		JWITIETTE II	urius.						
	Complete if the organization answered "\		∩ Part IV	line 11a 9	See Form 990) Part X li	ne 10			
	Description of property	(a) Cost or o			t or other		cumulated	7	(d) Book v	valuo
	Description of property	basis (investr			(other)		eciation	1	(u) book (/alue
10	Land	,		Daoio	(3.1.31)	асрі	20,41011			
	Land		+							
	Buildings		+					+		
			+					+		
	Equipment		+					+		
	Other	I Form 000 Port	Y colum	n (R) line	100)			_		0.
าบเส	ii Aud iiiles Ta triibugit Te. (Obiuttii (u) tiiust equa	ari Onni 330, Fall	A, COIUIII	וווו <i>(ט),</i> וווו כ	, UU.)					•

Schedule D (Form 990) 2019 MEDICAL RES	SEARCH CHARITI	ES 94	-3148591 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			d - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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	d-of-year market value
(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'		11d. See Form 990, Part X, line 15.	(1) D
	Description		(b) Book value
(1) DUE FROM OTHERS	TTTA DT TI		218
(2) PROGRAM SERVICE FEES RECE	TIABLE		69,032
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir.	20.15.)		69,250
Part X Other Liabilities.	ie 15.)		03/230
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	0111 01111 000,1 41111, 11110	110 01 111. 000 1 0111 000, 1 411 7, 1110 20	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

(7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV, li			702 000
1	Total revenue, gains, and other support per audited financial statements		1	723,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		0
e	Add lines 2a through 2d			723,822 .
3	Subtract line 2e from line 1		3	143,044.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	0.
c	Add lines 4a and 4b			723,822.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S			
·	Complete if the organization answered "Yes" on Form 990, Part IV, li	•	loco per rictarri	•
1	Total expenses and losses per audited financial statements		1	706,526.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
– a	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			706,526.
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		
b	Other (Describe in Part XIII.)			
	5 th 5: (2 5 5 5 th 5 th 1 th 1 th 1 th 1 th 1 th	4b		
	Add lines 4a and 4b		4c	0.
5 Pa i	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	18.)	5	0 • 706 , 526 •
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>	4; Part IV, lines 1b and 2b; I	5	706,526.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4; Part IV, lines 1b and 2b; I	5	706,526.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4; Part IV, lines 1b and 2b; I	5	706,526.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4; Part IV, lines 1b and 2b; I	5	706,526.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4; Part IV, lines 1b and 2b; I	5	706,526.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4; Part IV, lines 1b and 2b; I	5	706,526.

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

MEDICAL RESEARCH CHARITIES

Employer identification number 94-3148591

MEDICAL R	ESEARCH (HARITIES					94-3148391
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						N
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TORREY PINES INSTITUTE FOR							
MOLECULAR STUDIES - 11350 SW							TO ASSIST IN THE
VILLAGE PARKWAY - PORT ST LUCIE,							ORGANIZATION'S EXEMPT
FL 34987	33-0319501	501(C)(3)	70,205.	0.			PURPOSES.
BREAST CANCER RESEARCH FOUNDATION							TO ASSIST IN THE
28 WEST 44TH STREET, SUITE 609							ORGANIZATION'S EXEMPT
NEW YORK, NY 10036	13-3727250	501(C)(3)	104,279.	0.			PURPOSES.
THE V FOUNDATION							TO ASSIST IN THE
14600 WESTON PARKWAY							ORGANIZATION'S EXEMPT
CARY, NC 27513	13-3705951	501(C)(3)	56,808.	0.			PURPOSES.
PROSTATE CANCER FOUNDATION							TO ASSIST IN THE
1250 FOURTH STREET							ORGANIZATION'S EXEMPT
SANTA MONICA, CA 90401	95-4418411	501(C)(3)	32,965.	0.			PURPOSES.
ASTHMA AND ALLERGY FOUNDATION OF							
AMERICA NATIONAL - 1235 S CLARK							TO ASSIST IN THE
ST, SUITE 305 - ARLINGTON, VA							ORGANIZATION'S EXEMPT
22202	13-1691693	501(C)(3)	23,314.	0.			PURPOSES.
ARTHRITIS NATIONAL RESEARCH							
RESEARCH FOUNDATION - 19200 VON							TO ASSIST IN THE
KARMEN AVE, SUITE - IRVINE, CA							ORGANIZATION'S EXEMPT
92612	95-6043953		49,801.	0.			PURPOSES.
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization	s listed in the line	1 table					> 0

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY FOR CANCER RESEARCH							TO ASSIST IN THE
500 E REMINGTON ROAD							ORGANIZATION'S EXEMPT
SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	27,144.	0.			PURPOSES.
LEUKEMIA RESEARCH FOUNDATION, INC.							TO ASSIST IN THE
191 WAUKEGAN ROAD, SUITE 105							ORGANIZATION'S EXEMPT
NORTHFIELD, IL 60093	36-6102182	501(C)(3)	24,976.	0.			PURPOSES.
FOUNDATION FIGHTING BLINDNESS							TO ASSIST IN THE
7168 COLUMBIA GATEWAY DRIVE, SUITE							ORGANIZATION'S EXEMPT
COLUMBIA, MD 21046	23-7135845	501(C)(3)	17,776.	0.			PURPOSES.
GLAUCOMA RESEARCH FOUNDATION							TO ASSIST IN THE
251 POST STREET, SUITE 600							ORGANIZATION'S EXEMPT
SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	15,405.	0.			PURPOSES.
TIMMEISES, CH 34100	J4 2453033	501(0)(3)	15, 105.	0.			FORFORDS.
ATS FOUNDATION, INC							TO ASSIST IN THE
25 BROADWAY, 18TH FLOOR							ORGANIZATION'S EXEMPT
NEW YORK, NY 10004	20-2138855	501(C)(3)	15,215.	0.			PURPOSES.
NAMIONAL DRAIN MIMOR COCTEMY INC.							TO ASSIST IN THE
NATIONAL BRAIN TUMOR SOCIETY, INC. 55 CHAPEL STREET, SUITE 200							ORGANIZATION'S EXEMPT
NEWTON, MA 02458	04-3068130	501/C)/3)	14,996.	0.			PURPOSES.
MEWION, MA 02456	04-3008130	501(C)(3)	14,990.	0.			PORPOSES.
LUNG CANCER RESEARCH FOUNDATION							TO ASSIST IN THE
155 EAST 55TH STREET, SUITE 6H							ORGANIZATION'S EXEMPT
NEW YORK, NY 10022	14-1935776	501(C)(3)	29,555.	0.			PURPOSES.
SAN DIEGO BIOMEDICAL RESEARCH			1 22,333.	<u> </u>			
INSTITUTE - 10865 ROAD TO THE							TO ASSIST IN THE
CURE, SUITE 100 - SAN DIEGO, CA							ORGANIZATION'S EXEMPT
92121	46-3481092	501(C)(3)	19,043.	0.			PURPOSES.
CONCERN FOUNDATION							TO ASSIST IN THE
11111 WEST OLYMPIC BLVD, SUITE 214							ORGANIZATION'S EXEMPT
LOS ANGELES, CA 90064		501(C)(3)	5,656.	0.			PURPOSES.
TOD IMODINED, CK JOUGT	23 /0020/0	Por(C)(3)	3,030.	٠.			FORFOSES.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LS THERAPY DEVELOPMENT FOUNDATION 00 TECHNOLOGY SQUARE SUITE 400 AMBRIDGE, MA 02139	04-3462719	501(C)(3)	34,564.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
OPD FOUNDATION, INC. 300 PONCE DE LEON BLVD IAMI, FL 33134	20-1048322	501(C)(3)	5,353.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	rered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART	I, LINE 2:					
THE C	GRANTS PAID TO THE RECIPIENTS	ARE BASE	D ON INFOR	RMATION REC	EIVED FROM	
THE I	FEDERATED CAMPAIGNS.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

MEDICAL RESEARCH CHARITIES

Employer identification number 94-3148591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ITS MEMBER AGENCIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO IT BEING
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING AND COMPLIANCE IS FACILITATED BY SUBMISSION ON AN ANNUAL BASIS
OF A QUESTIONNAIRE BY ALL BOARD MEMBERS, DISCLOSING MATERIAL FACTS ABOUT
ANY POTENTIAL CONFLICTS OF INTEREST AND BY ANNUAL SUBMISSION OF A
COMPLIANCE AFFIRMATION STATEMENT.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION WILL MAKE ITS FORM 990 AVAILABLE TO THE PUBLIC FOR
INSPECTION UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST THE ORGANIZATION WILL PROVIDE ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC.
FORM 990 PART XII LINE 2C
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

	tic 6-Month Extension of Time. Only subm	it origin:	al (no conice needed)			
VII corporat		09	ai (no copies needed).			
-	tions required to file an income tax return other than Fo form 7004 to request an extension of time to file income			nips, REMIC	s, and trusts	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer identification number (TIN)		
orint	MEDICAL RESEARCH CHARITIES				94-3148591	
ile by the lue date for ling your	Number, street, and room or suite no. If a P.O. box, so P.O. BOX 2052	ee instruc	tions.	•		
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a for SALEM, MA 01970	oreign add	ress, see instructions.			
nter the R	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application Is For		Return	Application		Return	
		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Telepho If the org	has are in the care of \triangleright $P \cdot O \cdot BOX 2052$ - the No. \triangleright $978-607-0164$ ganization does not have an office or place of business for a Group Return, enter the organization's four digit \bigcirc . If it is for part of the group, check this box \triangleright \bigcirc	s in the Ur Group Exe		. If this is fo	r the whole grou	
the o	uest an automatic 6-month extension of time until	anization's	d ending APR 30, 202		npt organization · n	return for
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			
	any nonrefundable credits. See instructions.			3a	\$	0.
	s application is for Forms 990-PF, 990-T, 4720, or 6069					^
	nated tax payments made. Include any prior year overp			3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa	vment wit	h this form, if required, by	1		
	g EFTPS (Electronic Federal Tax Payment System). See			j j		0.

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

Form 8868 (Rev. 1-2020)