## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning MAY 1, 2020, and ending APR 30, 20 21

Taxpayer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

MEDICAL RESEARCH CHARITIES 94-3148591 Name and title of officer or person subject to tax

JUDI HOLLEY TREASURER

Part I	Type of Return and Return Information	(Whole Dollars Only)
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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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	То	tal revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	591,429.
<b>2</b> a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> 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)		
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
_	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		
P	art II Declaration and Sig	gna	ture Authorization of Officer or Person Subject to Tax		

Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to \_, (EIN) (name of organization) and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

023051 11-03-20

X | authorize GOLDMAN, CLEARFIELD & OCAMPO, LLP

to enter my PIN

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

	Date > 01/14/20
Signature of officer or person subject to tax	Date > 01/14/20
Part III Certification and Authentication	

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

52026203077 Do not enter all zeros

number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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  $\triangleright$  01/11/22 ERO's signature

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

Form **8879-EO** (2020)

# Form **990**

# 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.

Department of the Treasury Internal Revenue Service

and ending APR 30, 2021

Open to Public Inspection

<b>3</b> C	heck if	C Name of organization		D Employer identifi	cation number
	Addre chang				
	Chang Name chang			94-31485	91
	Initial returr	( DO   10   11   11   11   11   12   13   15   15   15   15   15   15   15	ı/suite	E Telephone number	
	Final	D O BOX 2052	,, 0 a.110	978-607-	
	termii ated			G Gross receipts \$	591,429.
	Amen	ded SALEM, MA 01970		H(a) Is this a group re	
	Applition	F Name and address of principal officer:MICHAEL WASHBURN		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
		te: ► WWW.MEDICALRESEARCHCHARITIES.ORG		H(c) Group exemption	
			_ Year o	of formation: $1991$	M State of legal domicile: CA
Ра	rt I	Summary	- D E	CEADOU CUAD	TMTDO
မွ	1	Briefly describe the organization's mission or most significant activities: MEDICAL	CNC	SEARCH CHAR	TITIES
Governance	_	RECEIVES FUNDS FROM WORKPLACE GIVING CAMPAI			
/er	2	Check this box if the organization discontinued its operations or disposed or		1	ssets.
ဇ္ဗ	3	Number of voting members of the governing body (Part VI, line 1a)			3
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities &	5				0
χį	6 72	Total number of volunteers (estimate if necessary)			0.
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Tet unrelated business taxable income north offi 990-1,1 arti, line 11	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		607,066.	513,341.
nu	9	Program service revenue (Part VIII, line 2g)		116,756.	78,088.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		723,822.	591,429.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		587,650.	472,809.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. 🗀	0.	0.
Se	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.
ž		Total fundraising expenses (Part IX, column (D), line 25)			
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,876.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		706,526.	
S	19	Revenue less expenses. Subtract line 18 from line 12		17,296.	-2,803.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
Sse Bala		Total assets (Part X, line 16)	·	695,149. 585,569.	564,696.
ind	21	Total liabilities (Part X, line 26)	·	109,580.	457,919. 106,777.
	rt II	Net assets or fund balances. Subtract line 21 from line 20	.	109,300.	100,777.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	etateme	ente and to the heet of m	v knowledge and helief it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	iy kilowidago alla bollol, it is
,	00110	L	ора. о.	l l	
Sigr	1	Signature of officer		Date	
Here		JUDI HOLLEY, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		ADAM M CLEARFIELD, CPA ADAM M CLEARFIELD,	C 0	1/11/22 self-employ	<sub>/ed</sub> P00306310
	arer	Firm's name GOLDMAN, CLEARFIELD & OCAMPO, LLP		Firm's EIN ▶	53-0229586
Use	Only	Firm's address 6230 OLD DOBBIN LANE, SUITE 180			
		COLUMBIA, MD 21045		Phone no. <b>4</b> 1	0-772-8090
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

ı a	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. Ш
1	Briefly describe the organization's mission:	
	THE MISSION OF MEDICAL RESEARCH CHARITIES IS TO RAISE FUNDS AND CREA	TE.
	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?	X No
	If "Yes," describe these new services on Schedule O.	110
_		<b>y</b> N.
3	5, 5, 5, 7, 1, 5,	∡ 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, an	ıd
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 578,111. including grants of \$ 472,809.) (Revenue \$ 78,0	88.)
	MEDICAL RESEARCH CHARITIES (MRC) IS A FEDERATION OF TAX-EXEMPT	
	ORGANIZATIONS REPRESENTING NATIONAL AND INTERNATIONAL MEMBER AGENCIE	S.
	MRC PROVIDED FISCAL, MARKETING, AND CAMPAIGN APPLICATION SERVICES TO	
	ITS MEMBER AGENCIES. THESE SERVICES INCLUDED ASSISTANCE IN ACCESSIN	
	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 \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
ru		
40	FEO 111	-
<u>4e</u>	Total program service expenses 5 /8 , 111 •	

# Form 990 (2020) 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?			
	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	

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Form 990 (2020) MEDICAL RESEARCH C
Part IV Checklist of Required Schedules (continued)

			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			,
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		1
30	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ <sub>3,7</sub>
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4	Enter the number reported in Box 2 of Form 1006. Enter 0, if not explicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
J	(gambling) winnings to prize winners?	1c	х	

## 020) 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 return	ns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		Х						
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).				7.7						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		х						
	to file Form 8282?		7с		$\stackrel{\wedge}{\vdash}$						
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.		Х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <u>1</u>								
y h	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h								
Ŭ	sponsoring organization have excess business holdings at any time during the year?	·	8								
9	Sponsoring organizations maintaining donor advised funds.										
а	D. I		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:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b		10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	7	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
		13b									
		13c	4.		v						
14a		- 0	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		4-		Х						
	excess parachute payment(s) during the year?		15		$\stackrel{\wedge}{\vdash}$						
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOME?	16		-21						
	If "Yes," complete Form 4720, Schedule O.										

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	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	Each committee with authority to act on behalf of the governing body?	8b	Х								
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	avit							
	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		orga	aniza			npe	nsat			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	Positio (do not check mo			than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					h an tee)	compensation	compensation	amount of
	week	_					ŕ	from the	from related	other
	(list any hours for	Jirect				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e Or (	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** =/ *********************************		and related
	below	idual	ution	<u></u>	oldm	est co oyee	-e			organizations
	line)	Indiv	Instit	Officer of the order	Key employee	Highest compensated employee	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									
SECRETARY		Х		Х				0.	0.	0.
		-								
	1									
		1								
		-								
		_		_		_	_			
		1								
	1	l	1	I		ı	l	1		1

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Par	T VII Section A. Officers, Directors, Trus	ploy	/ees	, an	d Hi	ighe	es (continued)							
	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op		Pos check ess pe	ition more erson lirecto	1 than is bot	one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued) (E)  Reportable compensation from related organization (W-2/1099-MIS	on d is	Esti amo o comp fro orgai and	(F) mated ount o ther ensati m the nizatio	of ion on ed
			-											
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 • ceceived more than \$100	0,000 of reportab	0 • 0 • 0 •			0.0.0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series of the series	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	ole co ," co nsati le J f	omple cion f for su	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		X X
	the organization. Report compensation for (A)  Name and business			ONI		vith	or w	rithiu	n the organization's tax (B) Description of s		C	(C) compens	sation	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		not lir	mite	d to	tho (	se li:	stec	d above) who received n	nore than			00 (0.	

Form 990 (2020) MEDICAL
Part VIII Statement of Revenue

			Check if Schedule O c	ontains a	resnonse	or note to any lin	e in this Part VIII			
			Officer if Octredule O C	oritairis a	response	or note to arry iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè excluded
							rotarrovortao		business revenue	
										sections 512 - 514
nts ts	1	а	Federated campaigns		1a	501,831.				
ir a		b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		1c					
			Related organizations		1d					
اقبق			Government grants (contri		1e					
Sir					ie					
ĔΈ		T	All other contributions, gifts, g			11 510				
들된			similar amounts not included	above	1f	11,510.				
E D		g	Noncash contributions included in	lines 1a-1f	1g \$					
g g		h	Total. Add lines 1a-1f				513,341.			
						Business Code				
o l	2	а	PROGRAM SERVI	CE FE	ES	900099	78,088.	78,088.		
į į	_	b					•	,		
Ser										
ž Ž		С.								
gra Re		d								
Program Service Revenue		е								
-			All other program service r							
		g	Total. Add lines 2a-2f				78,088.			
	3		Investment income (includ	ling divider	nds, intere	est, and				
			other similar amounts)							
	4		Income from investment of							
	5		Royalties			F				
	Ŭ		Tioyanico		Real	(ii) Personal				
	_	_	0	l <del>⊢ ∵</del>	11001	(11) 1 01001141				
	О		Gross rents	6a						
			Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a						
		h	Less: cost or other basis							
e e		~	and sales expenses	7b						
eu		_		7c						
Revenue			١ / ١							
			Net gain or (loss)			······ •				
ther	8	а	Gross income from fundraisin	ig events (n	ot					
0			including \$		of					
			contributions reported on	line 1c). Se	ee					
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from f		·····					
	a		Gross income from gaming							
	٦	u	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from (							
	10	а	Gross sales of inventory, le	ess returns	6					
			and allowances		10a	1				
		b	Less: cost of goods sold		10b					
			Net income or (loss) from s							
			, , ,		,	Business Code				
snc [	11	2								
ne	• •					<del>                                     </del>				
Ver la		b								<del> </del>
Miscellaneous Revenue		С	***							
Ξ			All other revenue							
		е	Total. Add lines 11a-11d			<b>&gt;</b>	F04 400	F0 000		
	12		Total revenue See instruction	ne		<b>▶</b>	591.429.	78.088.	ı ().	ı () .

# Form 990 (2020) 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	472,809.	472,809.		
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):				
а	Management	68,038.	61,234.	6,804.	
b	Legal				
С	Accounting	8,000.		8,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	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	1,212.		1,212.	
23	Other expenses. Itemize expenses not covered	1,212.		1,414.	
24	above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	FILING FEES	43,123.	43,123.		
b	BANK CHARGES	1,050.	945.	105.	
С					
d					
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	594,232.	578,111.	16,121.	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 (2020)

Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	39,952.	1	50,579.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	477,730
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	596.	9	616
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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	25 554
	15	Other assets. See Part IV, line 11		15	35,771
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 1 1 1	-	564,696
	17	Accounts payable and accrued expenses		17	10,650
	18	Grants payable		18	447,269
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		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 third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	26	of Schedule D  Total liabilities. Add lines 17 through 25	585,569.	25 26	457,919
	20	Organizations that follow FASB ASC 958, check here	303,303.	20	437,313
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	109,580.	27	106,777.
Bal	28	Net assets with donor restrictions		28	
P		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	106,777.
_	33	Total liabilities and net assets/fund balances		33	564,696
		. 515. HE			

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{1,4}{4,2}$			
2	Total expenses (must equal Part IX, column (A), line 25)						
3	T						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	6,7	77.		
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	O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	J	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

		11001		CII CIIIIICI I I I				1 3110371
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete tl	his part.) S	See instructions.	
The	organ	ization is not a private found	ation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					•	the hospital's name,
		city, and state:	•	,			(	,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
Ŭ		section 170(b)(1)(A)(iv). (C		mage of armiveronly owner	a or opera	iou by a g	ovormiorital anti-accom	30 <b>4</b> II 1
6		A federal, state, or local gov		nantal unit described in	coetion 17	70(b)(4)(A)	(A)	
	X							nublic described in
′	21	An organization that norma	•	initial part of its support i	rom a gov	remmenta	runit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co		(4)(4)(1) (O 1 1 1 D				
8	Н	A community trust describe						
9		An agricultural research org				-		-
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	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	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o						
		organization(s). You mus			·			
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organization	-				• •	·····,
d		Type III non-functionally		•				ization(s)
-		that is not functionally int	•					` ,
		requirement (see instructi		• ,	•		•	
е		Check this box if the orga	•	•				
C		functionally integrated, or					a Type II, Type III, Type III	
f	Ento	er the number of supported o	* *	many integrated support	ing organi	Zation.		
' ~		rithe humber of supported to vide the following information		ad avantianta				
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Tota	nl							
							1	

### 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	71		,			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1241644.	776,183.	581,934.	607,066.	513,341.	3720168.
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	1041644	776 102	F01 024	607.066	F12 241	2720160
	Total. Add lines 1 through 3	1241644.	776,183.	581,934.	607,066.	513,341.	3720168.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	*** ***********************************						3720168.
	Public support. Subtract line 5 from line 4.						3720100.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
	Amounts from line 4	1241644.	776,183.	(c) 2018 581, 934.	(d) 2019 607,066.	(e) 2020 513,341.	(f) Total 3720168.
	Gross income from interest,		7 - 2 - 2 - 2	700	,	,	
·	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.)	166,375.	164,708.	125,833.	116,756.	78,088.	651,760.
11	<b>Total support.</b> Add lines 7 through 10						4371928.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop		<u></u>				<u></u> ▶□
	ction C. Computation of Publ					<del></del>	05 00
	Public support percentage for 2020 (I					14	85.09 %
	Public support percentage from 2019					15	86.34 %
16a	33 1/3% support test - 2020. If the c						
1.	stop here. The organization qualifies						
I.	33 1/3% support test - 2019. If the c	-					
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
17 a		_					
	and if the organization meets the fact meets the facts-and-circumstances to					_	<b>-</b> □
h	10% -facts-and-circumstances tes	ū	•		•	 17a and line 15 is	
	more, and if the organization meets the	_					.570 01
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-	•			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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2020. If the						1 / Is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2019. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
7()	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = 1/1 \cdot 10$	ra or iun chackt	THE DAY AND COO IN	CITITOTIONS	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 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		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	40-		
	10a		
	10h		
m C	10b 90 or 99	10-E7	2020
III 9	90 01 93	70-LZ	2020

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	š,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		1	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	2		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructi			
' a	The organization satisfied the Activities Test. Complete line 2 below.	лιэ <i>ן</i> .		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	e instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

ı aı	rt v   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Sect	ion D - Distributions			•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### **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
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
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 or 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:		<b>▶</b> •
	(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		

Sche	dule D (Form 990) 2020 MEDICAL	RESEARCH	CHAR	ITIES			94-3	148591	L Pa	ıge <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or Ot	her S	imilar Ass	<b>ets</b> (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that mak	e signit	icant use of it	S		
	collection items (check all that apply):									
а	Public exhibition	c			hange program					
b	Scholarly research	e	• 🗀 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organization's e	xempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit of				•			_		1
D	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes"	on For	m 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa		l' 6							
1a	Is the organization an agent, trustee, custod		•					$\neg  \cdot $		1
	on Form 990, Part X?						∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:		Г		Amount		—
•	Paginning halance						1c	Amount		
	Beginning balance						1d			
	Additions during the year Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par										
	•	(a) Current year	<b>(b)</b> P	rior year	(c) Two years back	(d) <sup>⊺</sup>	hree years back	(e) Four	years I	back
1a	Beginning of year balance			•						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		<u>%</u>								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ind administered fo	r the o	rganization	г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	$\dashv$	
	(ii) Related organizations							3a(ii)	$\dashv$	
D 4	If "Yes" on line 3a(ii), are the related organization of the control of the contr							3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipn		JWITIETT I	unus.						
	Complete if the organization answere		0 Part IV	/ line 11a 9	See Form 990 Part	X line	10			
-	Description of property	(a) Cost or o					nulated	(d) Book	value	<del></del>
	Becomplian or property	basis (investr			' '	deprec		(4) 5001	· value	•
1a	Land	<u> </u>								
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	10c.)					0.

Schedule D (Form 990) 2020 MEDICAL RES	SEARCH CHARITI	ES 9	4-3148591 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	-		
(A)			
(B)			
(C)	1		
(D)	<del> </del>		
(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 e	end-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.	(h) Daalessalssa
DRACELLY CERTIFICE FEEL BEGG	Description		(b) Book value 35,771
	T A W D T T		35,771
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		35,771
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
( <del></del> )			

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...

(8) (9)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 591,429. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 591,429 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 594,232. Total expenses and losses per audited financial statements 1 1 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 c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 594,232 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 94-3148591 MEDICAL RESEARCH CHARITIES Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) RHEUMATOLOGY RESEARCH FOUNDATION TO ASSIST IN THE 2200 LAKE BOULEVARD NE ORGANIZATION'S EXEMPT ATLANTA, GA 30319 58-1654301 501(C)(3) 8,860 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 PURPOSES 501(C)(3) 100,486 THE V FOUNDATION TO ASSIST IN THE 14600 WESTON PARKWAY ORGANIZATION'S EXEMPT 13-3705951 CARY, NC 27513 501(C)(3) 61,778 0 PURPOSES PROSTATE CANCER FOUNDATION TO ASSIST IN THE 1250 FOURTH STREET DRGANTZATTON'S EXEMPT PURPOSES 95-4418411 501(C)(3) SANTA MONICA CA 90401 31 005 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) PURPOSES. 17,484 0 ARTHRITIS NATIONAL RESEARCH RESEARCH FOUNDATION - 19200 VON TO ASSIST IN THE KARMEN AVE, SUITE 350 - IRVINE, CA DRGANTZATTON'S EXEMPT 92612 95-6043953 501(C)(3) 35 632 0 PURPOSES. 15. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

0.

(a) Name and address of organization or government	( <b>b)</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, INC.							TO ASSIST IN THE
500 E REMINGTON ROAD							ORGANIZATION'S EXEMPT
SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	22,325.	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)	19,934.	0.			PURPOSES.
ALPHA-1 FOUNDATION INC							TO ASSIST IN THE
3300 PONCE DE LEON BLVD							ORGANIZATION'S EXEMPT
CORAL GABLES, FL 33134	65-0585415	501(C)(3)	5,009.	0.			PURPOSES.
							L
GLAUCOMA RESEARCH FOUNDATION							TO ASSIST IN THE
251 POST STREET, SUITE 600				_			ORGANIZATION'S EXEMPT
SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	15,263.	0.			PURPOSES.
NATIONAL BRAIN TUMOR SOCIETY, INC.							TO ASSIST IN THE
55 CHAPEL STREET, SUITE 200							ORGANIZATION'S EXEMPT
NEWTON, MA 02458	04-3068130	501(C)(3)	16,443.	0.			PURPOSES.
MEWION, PA 02430	04 3000130	501(0)(3)	10,445.	0.			FORFORES.
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)	26,218.	0.			PURPOSES.
SAN DIEGO BIOMEDICAL RESEARCH			,				
INSTITUTE - 10865 ROAD TO THE							TO ASSIST IN THE
CURE, SUITE 100 - SAN DIEGO, CA							ORGANIZATION'S EXEMPT
92121	46-3481092	501(C)(3)	51,697.	0.			PURPOSES.
ALS THERAPY DEVELOPMENT FOUNDATION							TO ASSIST IN THE
300 TECHNOLOGY SQUARE SUITE 400							ORGANIZATION'S EXEMPT
CAMBRIDGE, MA 02139	04-3462719	501(C)(3)	39,997.	0.			PURPOSES.
COPD FOUNDATION, INC.							TO ASSIST IN THE
3300 PONCE DE LEON BLVD							ORGANIZATION'S EXEMPT
MIAMI, FL 33134	20-1048322	501(C)(3)	8,112.	0.			PURPOSES.

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