2939326500306 EXTENDED TO NOVEMBER 15, 2018 **Exempt Organization Business Income Tax Return** 990-7 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning ► Go to www irs.gov/Form990T for instructions and the latest information Department of the Treasury Open to Public Inspection is 501(c)(3) Organizations Only Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Name of organization (Check box if name changed and see instructions) Check box if (Employees' trust, see address changed instructions) B Exempt under section Print THE OVARIAN CANCER RESEARCH FUND, INC. 13-3806788 E Unrelated business activity codes x = 501(c)(3Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Type 408(e) FOURTEEN PENNSYLVANIA PLAZA, NO. 2110 408A | 530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) NEW YORK NY 10122 C Book value of all assets F Group exemption number (See instructions) at end of year G Check organization type ► x 501(c) corporation 501(c) trust 401(a) trust Other trust 848 561 H Describe the organization's primary unrelated business activity. > SALES OF MERCHANDISE WITH OCRF LOGO THROUGH WEBSITE During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Lx_ No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of BIBI ALI-OVARIAN CANCER RESEARCH F Telephone number > Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 287 b Less returns and allowances c Balance 1c 287 $A_{ij}^{*}(\mathcal{A}_{ij}^{*},\mathcal{A}_{ij}^{*})$ 2 Cost of goods sold (Schedule A. line 7) 2 335 3 3 Gross profit. Subtract line 2 from line 1c 622 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch F) 8 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 **S** Exploited exempt activity income (Schedule I) 10 **0:**11 Advertising income (Schedule J) 11 12 **N**12 Other income (See instructions; attach schedule) -13 Total. Combine lines 3 through 12 13 622 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) **◯** Part II (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 Repairs and maintenance 16 Bad debts 17 Interest (attach schedule) 18 19 Taxes and licenses 19

316 **(2)** 18 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 622. 31 Net operating loss deduction (limited to the amount on line 30) 31 SEE STATEMENT 1 622 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 0. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1 000

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

-6 Form 990-T (2017)

34

line 32

Form 990-		THE CVARTAL CANCER RESEARCH FORD THE		13-3806	788			Pa	age 2	
Part I		Tax, Computation		 						
35	Orga	nizations Taxable as Corporations. See instructions for tax computation.			-					
	Controlled group members (sections 1561 and 1563) check here See instructions and:									
a	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
	(1)	\$ (2) <u>\$</u> (3) <u>\$</u>		İ						
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)			-	ļ				
	(2) A	dditional 3% tax (not more than \$100,000)				1				
c	Incor	ome tax on the amount on line 34							0.	
36	Trust	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of]	}						
	Tax rate schedule or Schedule D (Form 1041)									
37	Proxy tax. See instructions									
38	Alternative minimum tax									
39	Tax on Non-Compliant Facility Income See instructions									
40									0.	
Part I	V	Tax and Payments	,	·						
41a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	 	_					
b	Otiner	credits (see instructions)	41b			[
C	Gene	ral business credit. Attach Form 3800	41c		_[1				
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)	41d		_	- [
е	Total	credits Add lines 41a through 41d			Ĺ	41e				
42									0.	
43										
44	Total	tax. Add lines 42 and 43				44			0.	
45 a	Paym	ents: A 2016 overpayment credited to 2017	45a	22	8.	1.				
b	2017	estimated tax payments	45b	· · · · · · · · · · · · · · · · · · ·	\perp	`				
C	Tax d	eposited with Form 8868	45c		_];	5 0				
d	Forei	on organizations: Tax paid or withheld at source (see instructions)	45d			^ . _				
е	Backı	Backup withholding (see instructions) 45e				_ (` (` \				
f	Credi	t for small employer health insurance premiums (Attach Form 8941)	45f	. 		1				
9	Other	credits and payments: Form 2439	1 1		1	1				
		Form 4136 Other Total ▶	45g		_					
46	Total payments. Add lines 45a through 45g							2	28	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲									
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	•	48				
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				-	49		2	28.	
50		the amount of line 49 you want: Credited to 2018 estimated tax		Refunded		50		2	28.	
Part'		Statements Regarding Certain Activities and Other Information								
51		y time during the 2017 calendar year, did the organization have an interest in or a signature		•			Y	es I	No_	
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization						- {		
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fi	oreign c	ountry				- {		
	here								<u>X</u> _	
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?			-		<u>x</u>	
		S, see instructions for other forms the organization may have to file.					}	- {		
53		the amount of tax-exempt interest received or accrued during the tax year > \$								
Sign	Ur ∞	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and si rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any	s, and to the best of my k / knowledge	nowle	edge and t	sellet, it is true	e,		
Here		A. N. J. M. O.D. 18/20/10x	-		scuss this ret		h			
		Signature of officer Date PRESIDENT &		•	hown below (s		I			
					_	uctions)?	X Yes		No	
		Print/Type preparer's name Preparer's signature Date	⁶ /2	Check self- employe	ıf	PTIN				
Paid		Pelley John Jetrey Cranh 8								
Prepa				330395						
Use C	Only	Fire s name ► BUCHBINDER TUNICK & COMPANY LLP	<u> </u>	13-1	L578842		—			
		ONE PENNSYLVANIA PLAZA - SUITE 3500 Firm's address New York NY 10019		Phone no.			F003			
		Firm's address NEW YORK NY 10019		FROIR RO.	412	<u>2-695-</u>	5003 orm 990 -	T /20	017	
						F	OHID DOO.	- (2(J1/)	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	2,187.	0.	2,187.	2,187.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,187.	2,187.