AMENDED RETURN - SECTION 512(A) (7) REPEAL

Exempt Organization Business Income Tay Return

		990-T	Ex	cempt Organi	zation	Bus	siness In	come	Tax Ret	urn	OMB N	lo. 1545-0687	
	Form	330-1		(and p	roxy ta	x un	der sectio	n 6033(	e)) 1	8,12		040	
			For calendar year 2018 or other tax year beginning, 2018, and ending, 201							-1 2	<b>018</b>		
		tment of the Treasury		►Go to www.irs.go							Open to Pu	ublic Inspection for	
		Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(							Open to Public Inspection for 501(c)(3) Organizations Only  D Employer Identification number		
	A 2	Check box if address changed		Name of organization (							(Employers' trust, see instructions )		
	5.5			THE MARK FOUNDATION FOR CANCER RESEARCH (U.S.) LTD.									
		empt under section	Print		ء ا	-4825921							
	X	501( C )( 3 )	or								E Unrelated business activity code		
	$\vdash$	408(e) 220(e)	1366	1350 AVENUE	OF THE	AMER	TCAS		2902		ee instructions )	,	
	$\vdash$	408A530(a) 529(a)		1350 AVENUE OF THE AMERICAS 2902  City or town, state or province, country, and ZIP or foreign postal code									
	C Box	ok value of all assets		NEW YORK, NY 10019									
	at e	end of year	F Group exemption number (See instructions.) ▶										
				ck organization type	<del>`                                    </del>	·		501(c	) trust	401	(a) trust	Other trust	
	H E	nter the number of		nization's unrelated trac							only (or first) ur	related	
	tra	ade or business her	e ▶					If only one,	complete Par	s I-V If	more than one,	describe the	
	fır	st in the blank spa	ce at the	end of the previous s	entence, c	omplete	Parts I and II, c	omplete a S	chedule M for	each add	litional		
	tra	ade or business, the	en comple	ete Parts III-V.									
	l Di	uring the tax year,	was the o	corporation a subsidia	y in an afi	iliated g	roup or a parent	-subsidiary	controlled grou	p?	▶ ∟	Yes X No	
				identifying number of t	<del>-</del>	corporati	on 🕨				<del></del>		
				PATRICK LEWI			<del>,</del>	Telephor	ne number 🕨	646-8	66-5950		
	Par	Unrelated	Trade o	or Business Incom	ie		(A) Inc	ome	(B) Exp	enses		(C) Net	
2	1 1a	Gross receipts or s				_   .							
20.	, p	Less returns and allowa			c Balance		<del>                                     </del>		<del></del>				
œ				ule A, line 7)		· 2					+	<del></del>	
	, -			ract line 2 from line 1c							<del></del>		
Z	4a Ca		income (attach Schedule D)				<del> </del>	-			<del></del>		
NII.	C	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).  Capital loss deduction for trusts				244	Annual Softman	ATTACA SINGS TO BE STORED TO BE					
				ran S corporation (attach state	atement). 5	RECE	EVED			_			
Щ	6		•	an o corporation (attach state)		`—	<del>                                     </del>			280			
SCANNED	7	·		come (Schedule E)		• ——	6 JAN 1 9 2021 (2)						
Ķ	8			nts from a controlled organizati					مِّ السَّامِ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ الْمُعَامِّ ا				
ö	9	Investment income of a	section 501	1(c)(7), (9), or (17) organization	n (Schedule (	s) <b>9</b>		OGDE	N, UT				
	10	Exploited exempt	activity ir	ncome (Schedule I)		. 10							
	11	Advertising incom	ne (Sched	lule J)		. 11							
	12	Other income (Se	e instruc	tions, attach schedule)		. 12			ļ				
	13			ough 12			<u></u>	0.				<del></del>	
	Par			Taken Elsewhere	-					(Exce	pt for contrib	outions,	
				be directly connec							44		
	14 15			directors, and trustees (							14	······································	
	16										16	· · · · · · · · · · · · · · · · · · ·	
	17										17		
	18			(see instructions)							18		
	19	· ·									19		
	20			See instructions for limit							20		
	21	Depreciation (atta	ich Form	4562)			[	21					
	22	Less depreciation	claimed	on Schedule A and els	ewhere on	return	[	22a		2	2b		
	23										23		
	24			compensation plans							24		
	25	Employee benefit	programs	3							25		
	26			Schedule I)							26		
	27		· ·	chedule J)							27		
	28		-	chedule)							28		
	29			s 14 through 28							29		
	30			le income before net							30		
	31 22			g loss arising in tax ye	_	-	-	,	•		31		
	32 For P			e income. Subtract line lotice, see instructions.		ie 3U .	<u> </u>			<u> 1 .</u>	32 For	n <b>990-T</b> (2018)	
		,		,							7 011	(4010)	

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Enter here and on page 1,

Part I, line 7, column (A)

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Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Page 4

Schedule F-Interest, Ann	uities, Royalties	s, and	Rent	s Fro	m Contro	lled Or	ganiz	atio	ns (see	instruction	ns)	
					ntrolled Or							
Name of controlled organization	identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		I	5. Part of column 4 that included in the controllin organization's gross incorporation.		olling	connected with income	
(1)												
(2)												
(3)		- 1										
(4)		- 1				_				•		
Nonexempt Controlled Organi	izations	I				·						<u>, , , , , , , , , , , , , , , , , , , </u>
Tronoxompt Gentlemed Grigation	8. Net unrelated II			0.7	Total of specific		10.	Part	of column	9 that is	1	1. Deductions directly
7. Taxable Income	(loss) (see instruc				ayments made				in the co		cor	nnected with income in column 10
(1)			-									
(2)												
(3)												
(4)												
Totals		· · · ·	<u> </u>			▶	En Pa	ter he irt i, li	lumns 5 a re and on ne 8, colui	page 1, nn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment li	ncome of a Sec	tion 5	01(c	)(7) <u>,</u>	(9), or (17	) Orga	nizati	on (	see inst	ructions)		
1. Description of income	2. Amount o	income			3. Deduction directly cor (attach sch	nected				-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						•					1	
(2)	•								_			
(3)								-	•			
(4)												
Totals	Enter here and Part I, line 9, c						<u> </u>	•				Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exc	empt Activity In	come	Othe	r Th	an Adverti	isina Ir	come	) (SP	e instru	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected w production unrelated business inco		4. Net incomfrom unrelated or business 2 minus color of decrease 5 thm		ne (loss) ed trade (column umn 3) ompute	5. Gross		ncome nty that related	e 6. Expense		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
/1)		<del></del>										
<u>(1)</u> (2)			···							<u> </u>		+
					<u> </u>							_
(3)	<del>                                     </del>				<del> </del>				-			
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and 1, Parl 0, col (	Η,								Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	ncome (see instr	uctions			L					<del></del>		
Part I Income From Per				neoli	dated Rac					<del></del>		
Pana income From Fer	Calcals Report	eu on	a CO	15011	uateu Das	913						<u> </u>
1. Name of periodical	2. Gross advertising income		Direct bising co	osts	4. Advert gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		Circul		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-		]							
(2)					1							
(3)				-	1							
(4)		_			1							7
<u> </u>												
Totals (carry to Part II, line (5))		-		<u> </u>								Form 990-T (2018)

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I					7	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		·		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		litte	3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				%		

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%

%