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| Form CHAR500 | Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html | 2007 |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | | Open to Public Inspection |

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| 1. General Information | | | |
| a. For the fiscal year beginning (mm/dd/yyyy) <u>3/01/2007</u> and ending (mm/dd/yyyy) <u>2/29/2008</u> | | | |
| b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending | c. Name of organization <u>CARCINOID CANCER FOUNDATION</u> Number and street (or P.O. box if mail not delivered to street address) <u>333 MAMARONECK AVENUE</u> City or town, state or country and zip + 4 <u>WHITE PLAINS NY 10605</u> | d. Fed. employer ID no. (EIN) (##-####-####) <u>13-6277875</u> e. NY State registration no. (##-###-###) <u>41311</u> | f. Telephone number Room/suite <u>492</u> |
| | | g. Email | |

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| 2. Certification - Two Signatures Required | | | |
| We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. | | | |
| a. President or Authorized | Signature | Printed Name | Title |
| | | | Date |
| b. Chief Financial Officer or | Signature | Printed Name | Title |
| | | | Date |

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| 3. Annual Report Exemption Information | |
| a. | Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check a <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A). |
| b. | EPTL annual report exemption (EPTL registrants and dual registrants) Check a <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year. |
| For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form. | |

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| 4. Article 7-A Schedules | |
| If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: | |
| a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| * If "Yes", complete Schedule 4a. | |
| b. Did the organization receive government contributions (grants)? | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No |
| * If "Yes", complete Schedule 4b. | |

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| 5. Fee Submitted: See last page for summary of fee requirements. | |
| Indicate the filing fee(s) you are submitting along with this form: | |
| a. Article 7-A filing fee | \$ <u>10</u> |
| b. EPTL filing fee | \$ <u>50</u> |
| c. Total fee | \$ <u>60</u> |
| Submit only one check or money order for the total fee, payable to "NYS Department of Law" | |

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| 6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments. |
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- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

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

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

CARCINOID CANCER FOUNDATION

13-6277875

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

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| Name of organization CARCINOID CANCER FOUNDATION | Employer identification number 13-6277875 |
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Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|---|
| <u>1</u> | <u>A.G. BURNHAM CHARITABLE FUND</u> <u>P.O. BOX 2449</u> <hr/> <u>AQUEBOGUE</u> <u>NY 11931</u> | \$ <u>5,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| <u>2</u> | <u>VITAL PROJECTS FUND</u> <u>375 PARK AVENUE</u> <hr/> <u>NEW YORK</u> <u>NY 10152</u> | \$ <u>25,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| <u>3</u> | <u>MONICA WARNER</u> <u>9 AUDREY LANE</u> <hr/> <u>WHITE PLAINS</u> <u>NY 10605</u> | \$ <u>15,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| — | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| — | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| — | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |