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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change CHORDOMA FOUNDATION Name change 20-8423943 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-(919)809-6779 PO BOX 2127 Amended return 1.617.934. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-DURHAM. NC 27702 H(a) Is this a group return pending F Name and address of principal officer: JOSH SOMMER for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes ) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.CHORDOMAFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Year of formation: 2007 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CHORDOMA **Activities & Governance** FOUNDATION IS TO RAPIDLY DEVELOP EFFECTIVE TREATMENTS AND 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 25 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 780,659. 1,609,663. Contributions and grants (Part VIII, line 1h) Revenue 6,400. 7,649. Program service revenue (Part VIII, line 2g) 1,075. 622. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 788,134. 1,617,934. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 212,807. 250,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 14  $2\overline{39,419}$ 179,553. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 251,523. 422,644. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 643,883. 912,063. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 144,251. 705,871. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 833,861. 1,676,212. 20 Total assets (Part X, line 16) 242,484. 106,004. 21 Total liabilities (Part X. line 26) Met 727,857. 433,728. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOSH SOMMER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JOHN HUSKINS P01081531 Paid JOHNSON LAMBERT LLP Preparer Firm's name Firm's EIN 52-1446779 Firm's address > 700 SPRING FOREST RD., Use Only Phone no. 919 - 719 - 6400 RALEIGH, NC 27609

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

### Form **8453-EO**

### **Exempt Organization Declaration and Signature for Electronic Filing**

OIND	140.	1242	1019

		For calendar year 2013.	or tax year beginning	, 2013, ar	nd ending	_ 20	2013
Department of the Internal Revenue S	Treasury Service	For	ıse with Forms 990, 99	90-EZ, 990-PF, 11	120-POL, and 886	68	
Name of exen	npt organizatio		FOUNDATION				identification number 8423943
Part I	Type of Re	turn and Retur	n Information (Who	ole Dollars Only)			
Check the box	x for the type o	of return being filed	with Form 8453-EO and	enter the applica	ble amount, if any	/, from the return	. If you check the box on
line <b>1a, 2a, 3</b> a	, 4a, or 5a bel	ow and the amount	on that line of the return	n being filed with t	this form was blar	nk, then leave lin	e 1b, 2b, 3b, 4b, or 5b,
	• •	nk (do not enter -0-).	If you entered -0- on the	e return, then ente	er -0- on the applic	cable line below.	Do not complete more
than one line i	in Part I. I check here	<b>V</b>		30 D-43/IIIk	(0) !: 10)	al-	1617934
	-EZ check her	b To	evenue, if any (Form 99 tal revenue, if any (For				
	0-POL check		Fotal tax (Form 1120-P				
4a Form 990	-PF check her	e ▶ 🔲 b Ta	x based on investmen	t income (Form 9	90-PF, Part VI, line	e 5) 4b	
5a Form 886	8 check here	▶	ce due (Form 8868, Par	t I, line 3c or Part	II, line 8c)	5b	
Part II	Declaration	n of Officer					
(dire taxe Treatinst and If a execution (as:	ect debit) entry as owed on this asury Financial itutions involve resolve issues copy of this re- cuted the elect specifically ide perjury. I declare the the best of my kno- consent to allow my	to the financial instance to the financial instance return, and the financial instance at 1-888-353 and in the processing a related to the payritum is being filed with the firm of the firm of the decided and belief, they are intermediate service provinces.	itution account indicate ancial institution to debi-4537 no later than 2 bi of the electronic payment.  Ith a state agency(ies) rensent contained withing to the selected state over named organization and the	ed in the tax prepared in the entry to this usiness days priorent of taxes to receptulating charities this return allowing agency(ies).  at I have examined a confurther declare that the a eturn originator (ERO) to	aration software for account. To revo- to the payment ( seive confidential in as part of the IRing disclosure by the py of the organization's amount in Part I above in send the organization's	or payment of the ke a payment, I is settlement) date information necessary and the settlement of the	I also authorize the financial issary to answer inquiries gram, I certify that I im 990/990-EZ/990-PF and accompanying schedules and in the copy of the organization's at to receive from the IRS (a) an
Sign 📐	Josh -	Denne -		4-18-14	EXE	CUTIVE D	IRECTOR
Here <b>F</b>	Signature of o	fficer		Date	Title		
Part III	Declaration	n of Electronic	Return Originator	(ERO) and Pa	aid Preparer(s	see instructions)	
knowledge. If return. The org filed with the I for Business F accompanying	I am only a col ganization offic RS, and have t Returns. If I am g schedules ar	lector, I am not responding the signed followed all other repond the Paid Prepart statements, and the statements, and the statements, and the statements.	ation's return and that to consible for reviewing that this form before I subm quirements in Pub. 416 arer, under penalties of to the best of my knowl I have any knowledge.	ne return and only it the return. I will 3, Modernized e-fi perjury I declare t	declare that this give the officer a le (MeF) Informati hat I have examin	form accurately copy of all forms ion for Authorize led the above or	reflects the data on the and information to be d IRS e-file Providers ganization's return and
500		1 11	Da		Check if also paid	if self-	RO's SSN or PTIN
ERO's signa	iture	Makha		5(3/14	preparer	employed	1551800 B
Only yours	s name (or if self-employed),		LAMBERT LLP	, ,	n 116	EIN 5	2-1446779
Olly addre	ess, and ZIP code	700 SPRI RALEIGH,	NG FOREST RO	DAD, SUIT	E 115	Phone no	
Under penalties or Declaration of prep	perjury, i declare the parer is based on all	at i nave examined the ab information of which the p	ove return and accompanying s preparer has any knowledge.	crequies and statemen			
Doid	Print/Type prep	parer's name	Preparer's signatu	ire	Date	Check i	
Paid Preparer	Firm's name				1	self- employed	P01081531 52-1446779
Use Only			LAMBERT LLP			FILIN SEIN	34-T440113
	Firm's address		NG FOREST RI	O., STE.	115	Phone no.	

RALEIGH, NC 27609

919-719-6400

Product: Exempt Category:

Name: Chordoma Foundation IRS Center: Ogden e-Postmark: 5/13/2014 4:22:55 PM

FEIN: 20-8423943 Notification:

Fiscal Year 1/1/2013 Fiscal Year12/31/2013

Begin Date: End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	5/13/2014	Upload Started			
	74	Released for Transmission - Validation in Progress			System
	5/13/2014	Ready to transmit - Validation Complete			
	5/13/2014	Transmitted to FD	56370820141330398e15		
	5/13/2014	Accepted by FD on 5/13/2014			

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE CHORDOMA FOUNDATION IS TO RAPIDLY DEVELOP EFFECTIVE
	TREATMENTS AND ULTIMATELY A CURE FOR CHORDOMA, AND TO HELP CHORDOMA
	PATIENTS GET THE BEST CARE POSSIBLE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	F2C 7C2 2F0 000
	THE CHORDOMA FOUNDATION INITIATED, FACILITATED, AND FUNDED RESEARCH
	AIMED AT DEVELOPING NEW AND IMPROVED TREATMENTS FOR CHORDOMA. THIS
	INCLUDED PERFORMING GENOMIC ANALYSIS OF CHORDOMA TUMORS, DISTRIBUTING
	CHORDOMA CELL LINES TO RESEARCHERS ACROSS THE WORLD, FACILITATING THE
	EXCHANGE OF CHORDOMA TISSUE, AND BROKERING COLLABORATIONS AMONG
	PHYSICIANS AND SCIENTISTS.
	- Inibiciand imp beimilibib.
4b	(Code:) (Expenses \$101,177. including grants of \$) (Revenue \$7,649.) THE CHORDOMA FOUNDATION PROVIDED ACCURATE AND TIMELY INFORMATION ABOUT
	CHORDOMA, AND CHORDOMA TREATMENT OPTIONS, TO CHORDOMA PATIENTS AND
	THEIR FAMILIES, RAISED AWARENESS ABOUT CHORDOMA AND OTHER RARE CANCERS,
	AND SPONSORED A PEER CONNECT PROGRAM TO SUPPORT PATIENTS IN DEALING
	WITH CHORDOMA.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 637,940.

# Form 990 (2013) CHORDOMA FOU 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	x	
2	If "Yes," complete Schedule A		X	
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	х	
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		Х
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		Х
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446	Х	
45	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	- 22	
15	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	10		
.0	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,			<del></del> -
••	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Form 990 (2013) CHORDOMA FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
<b>L</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
OZ.	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2013) CHORDOMA FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming						
	(gambling) winnings to prize winners?		1c	Х				
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 7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			Х			
3а	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A				Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X			
	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				х			
	any contributions that were not tax deductible as charitable contributions?		6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		6b					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD					
		vices provided to the payor?	7a	х				
<ul> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.</li> </ul>								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7b					
	to file Form 8282?	•	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?		9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	10a						
	Initiation fees and capital contributions included on Part VIII, line 12	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c			77			
			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	14b	000	(00.40			

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 in Schedule O. See instructions. Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. 7 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? b 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOSH SOMMER - (919) 809-6779

2525 MERIDIAN PKWY,

STE 210,

DURHAM,

NC

27713

#### Form 990 (2013)

### 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position					ioui	(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated		
	hours per week	box.	, unle: cer an	ss pe d a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the		
	related	nstee (	truste		gg.	beusa		(W-2/1099-MISC)		organization		
	organizations below	lual tri	nstitutional trustee		nploye	st co m yee	_			and related organizations		
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JOSH SOMMER	80.00											
PRESIDENT		Х		Х				58,061.	0.	5,466.		
(2) HEATHER LEE	15.00								_			
CHAIR		Х		Х				0.	0.	0.		
(3) JOHN THERIEN	4.00											
SECRETARY	2 00	Х		Х				0.	0.	0.		
(4) BRUCE NELSON	3.00	,,		3,7					_	0		
TREASURER (TO JAN '13)	2.00	Х		Х				0.	0.	0.		
(5) ADAM ABRAM DIRECTOR	2.00	х						0.	0.	0.		
(6) BENJAMIN ABRAM	1.00	^						0.	0.	<u> </u>		
DIRECTOR (TO NOV '13)	1.00	Х						0.	0.	0.		
(7) JOEL BECKMAN	4.00	25					-	0.	•	<u></u>		
DIRECTOR	1,00	х						0.	0.	0.		
(8) ANDY SCHOELKOPF	4.00								•			
DIRECTOR (FROM FEB '13)		х						0.	0.	0.		
(9) CHANDRA SEN	2.00											
DIRECTOR		Х						0.	0.	0.		
(10) PAULA SONG	2.00											
DIRECTOR (FROM AUG '13)		Х						0.	0.	0.		
					_		_					

332007 10-29-13 Form **990** (2013)

Form 990 (2013) CHORDOMA	FOUNDA'	ric	NC						20-84	<u> 123</u>	943	Pa	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	(do not check box, unless pofficer and a			than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	ion a		(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fro orga and	pensation the anization relate nization	e on ed
		_											
1b Sub-total								58,061.		0.	Γ	5,40	66.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0. 58,061.		0.		5,40	0.
Total number of individuals (including but r compensation from the organization									0,000 of reportabl	le		•	C
3 Did the organization list any <b>former</b> officer,	•		e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	1		Yes	No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the standard related organizations greater than \$15</li> </ul>	um of reportab	le cc	omp	ensa	ation	n and	d ot	•			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsati	ion f	rom	any	unr/	elat	ted organization or indiv			5		X
Section B. Independent Contractors													
Complete this table for your five highest countries the organization. Report compensation for								n the organization's tax		npens			
(A) Name and business	address	NC	ONI	3				( <b>B)</b> Description of s	services	C	( <b>C</b> ) Compen		1
Total number of independent contractors (is \$100,000 of compensation from the organical contractors).	•	ot lir	mite	d to		se li	stec	d above) who received n	nore than				

Form 990 (2013) CHORDOM
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
		Check in Goriedane G Gorie	anio a response	or note to any m	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 1,	20,000. 589,663. 7,569.  Business Code	1,609,663.			
Program Service Revenue	2 a b c d e			900099	7,649.	7,649.		
	,	Total. Add lines 2a-2f			7,649.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and  oroceeds	622.			622.
	b c	Gross rents  Less: rental expenses  Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line	g events (not  of  1c). See					
Other Reven	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	draising events stivities. See					
	c 10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ning activities returns a	<b>&gt;</b>				
ŀ		Miscellaneous Revenu		Business Code				
	11 a b							
		Total Add lines 11a-11d		<b>&gt;</b>	1 617 034	7.640	0	622

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 225,000. 225,000. organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 25,000. 25,000. United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 63,527. 40,761. 9,981. 12,785. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 137,625. 39,485. Other salaries and wages 64,663. 33,477. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,359. 6,795. Other employee benefits 9,134. 4,430. 9 17,908. 9,580. 4,343. 3,985. Payroll taxes 10 Fees for services (non-employees): Management Legal 13,311. 11,775. 673. 863. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 18,970. 18,970. column (A) amount, list line 11g expenses on Sch O.) 40,924. 5,945. 22,374. 12,605. Advertising and promotion 12 24,753. 6,906. 5,503. 12,344. 13 Office expenses 18,769. 2,111. 29,851. 8,971. 14 Information technology 15 Royalties 8,279. 16,986. 4,110. 4,597. 16 Occupancy 14,183. 7,544. 22,567. 840. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 126,889. 117,879. 2,150. 6,860. Conferences, conventions, and meetings ..... 19 20 21 Payments to affiliates 907. 907. 3,627. 1,813. 22 Depreciation, depletion, and amortization ..... 8,954. 1,710.5,662. 1,582. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 58,092. 58,092. BIOREPOSITORY EXPENSES EMPLOYEE RECRUITING, 57,720. 38. 57,682. b С d All other expenses 912,063. 637,940. 93,328. 180,795. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			354,870.	1	1,321,999.
	2	Savings and temporary cash investments			321,288.	2	178,998.
	3	Pledges and grants receivable, net			87,829.	3	53,000.
	4	Accounts receivable, net		47,362.	4	92,061.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	plovees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	<b>5</b>			13,711.	9	21,342.
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	20,201.			
	b	Less: accumulated depreciation		13,854.	8,801.	10c	6,347.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	2,465.	
	16	Total assets. Add lines 1 through 15 (must equ	833,861.	16	1,676,212.		
	17	Accounts payable and accrued expenses		23,050.	17	123,223.	
	18	Grants payable	82,954.	18	119,261.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			106,004.	26	242,484.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 an			F25 455		1 000 740
anc	27	Unrestricted net assets			535,455.	27	1,298,743.
Bal	28	Temporarily restricted net assets			192,402.	28	134,985.
<u>n</u>	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶└─			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			727,857.	32	1 //22 720
_	33	Total net assets or fund balances			833,861.	33	1,433,728.
	34	Total liabilities and net assets/fund balances			033,801.	34	1,676,212.

Form	1 990 (2013) CHORDOMA FOUNDATION	20-	8423943	Pa	ge <b>12</b>			
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	1,617					
2	Total expenses (must equal Part IX, column (A), line 25)	2	912	2,0	63.			
3	Revenue less expenses. Subtract line 2 from line 1	3			71.			
4								
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,433	3,7	<u> 28.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
				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							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

3b Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CHORDOMA FOUNDATION

Employer identification number

20-8423943

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Total

#### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	501,265.	356,563.	584,425.	780,659.	1,609,663.	3,832,575.
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						
4	Total. Add lines 1 through 3	501,265.	356,563.	584,425.	780,659.	1,609,663.	3,832,575.
	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)						637,687.
6	Public support. Subtract line 5 from line 4.						3,194,888.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	501,265.	356,563.	584,425.	780,659.	1,609,663.	3,832,575.
	Gross income from interest,	,	,	, , , , , , , , , , , , , , , , , , ,	•	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,342.	9,615.	3,820.	1,075.	622.	23,474.
a	Net income from unrelated business	0,011	7,0201	0,0200		<b>3</b>	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	12,255.					12,255.
11	Total support. Add lines 7 through 10	22,2331					3,868,304.
	Gross receipts from related activities,	etc (see instruction	one)			12	44,662.
	First five years. If the Form 990 is for			d fourth or fifth to	av vear as a sectio		
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ						
	Public support percentage for 2013 (I			olumn (f))		14	82.59 %
	Public support percentage from 2012					15	86.95 %
	33 1/3% support test - 2013. If the o						, -
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2012. If the o						
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
i.	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ						
10	· ·		· ·	•	,		
ΙÖ	Private foundation. If the organization	n did not check a	DUX UITIINE 13, 16	a, 100, 1/a, or 1/k	o, check this box a	ina see instruction:	> <b>▶</b> □ □

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed be ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(2) 2000	(b) 2010	(6) 2011	(4) 2012	(6) 2012	(f) Total
		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not	1					
	include any "unusual grants.")	1					
^					+		
2	Gross receipts from admissions, merchandise sold or services per-	1					
	formed, or facilities furnished in	1					
	any activity that is related to the	1					
_	organization's tax-exempt purpose						
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-	1					
_	iness under section 513				1		
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	1					
	or expended on its behalf				1		
5	The value of services or facilities	1					
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons				1		
k	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business				1		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain				1		
	or loss from the sale of capital	1					
13	assets (Explain in Part IV.)				1		
	First five years. If the Form 990 is for	the organization	I 's first second this	rd fourth or fifth t	lax vear as a section	nn 501(c)(3) organi-	zation
	check this box and stop here	-			•		<b>L</b>
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
	Public support percentage for 2013 (li			column (f))		15	%
	Public support percentage from 2012					16	——————————————————————————————————————
	ction D. Computation of Inves					1 10	70
_	•					17	%
	Investment income percentage for 20 Investment income percentage from 2						<u>%</u>
	a 33 1/3% support tests - 2013. If the						
198							
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2012. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	ı box on line 14, 19	a, or 19b, check t	inis box and see ir	istructions	

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

CHORDOMA FOUNDATION

Employer identification number

20-8423943

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	•	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General I	Rule						
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special F	Rules						
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
•	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> 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 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### CHORDOMA FOUNDATION

20-8423943

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	400,579.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number

#### CHORDOMA FOUNDATION

20-8423943

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - - -				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - - -				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - \$				

Name of organization Employer identification number

•	· ·	
CHORDOMA FOUNDATION	20-8423943	

	OMA FOUNDATION			20-8423943			
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	ridual contributions to section 501(c ne following line entry. For organization	r)(7), (8), or (10) organizations completing Part III, enter	ns that total more than \$1,000 for the			
	Use duplicate copies of Part III if additionate	c., contributions of \$1,000 or less for al space is needed.	The year. (Enter this information once	.) • •			
(a) No. from			(d) Doos	winting of how wift in hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
İ		(e) Transfer of gif	t				
		.,					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
Part I	(b) i dipode di giit	(0) 000 01 giil	(4) 2000	gir io noid			
				_			
	(e) Transfer of gift						
		170. 4	5.1				
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
( ) ) )							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd 7IP ± 4	Relationship of transferor to transferee				
İ	Transferee & Hame, address, ar	IN LITT	riciationomp or tra				
(a) No			<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
1 di Ci							
-		(a) Tuanafau - f - if					
		(e) Transfer of gif	ι				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
İ			•				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHORDOMA FOUNDATION

Employer identification number 20-8423943

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		is or Accounts. Complete if the
	organization answered Tes to Form 330, Faithy, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	•	
Pai			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n 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		
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of A		torical Tr	reasures.	or Oth	er Simil			ued)
3	Using the organization's acquisition, accession									
3	(check all that apply):	on, and other record	15, CHEC	K arry Or tire	i lollowing the	at are a s	signincant	use or its	COIIECTIOI	i ileiris
_	Public exhibition	ند.		Loon or ove	change progra					
a		d								
b	Scholarly research	е	• 🗀	Other						
C	Preservation for future generations					. ,				
4	Provide a description of the organization's co							ose in Par	t XIII.	
5	During the year, did the organization solicit or								٦.,	┌
Do	to be sold to raise funds rather than to be ma								<u> Yes</u>	└── No
Pai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		diany for	contribution	ns or other as	seets no	t included			
ıa									Yes	□ No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and a strength of the str								_ 1 <del>C</del> S	
D	in res, explain the arrangement in Part Allia	and complete the ic	niowing	lable.					Amount	
_	Destination belongs						4.		Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance						1f		1,,	т т
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete in									
		(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs dack	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	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 curr	ent year end baland	e (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<del></del>								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for	the organiz	zation		
	by:	3					J		Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Scho	dula R2					3b	
1	Describe in Part XIII the intended uses of the								. [ 30 ]	
Pai	t VI Land, Buildings, and Equipm		WITIETT	iuius.						
	Complete if the organization answered		) Part I\	/ line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	, <sub>d</sub>	(d) Book	r valuo
	Description of property	basis (investr			(other)		preciation	,u	( <b>u</b> ) book	value
10	Land	`	,	24310	\					
	Land									
	Buildings							+		
	Leasehold improvements			-	20,201.		13,8	54.	-	5,347.
	Equipment			<del>                                     </del>	,			<del>  </del>		,,,,,,,
	Other	<u> </u>	X colur	nn (R) line '	10(c) )				f	5,347.
iola	. Add intes ta tillough te. (Ooldinin (d) must et	gaari onn 000, i ait	A, Joint	( <i>D)</i> , III le	· ~(~)-/					. , ~ <u>-</u> , •

Schedule D (Form 990) 2013 CHORDOMA FC	UNDATION		20-8423943 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)	<del>                                     </del>		
(5)			
(6)			
(7)			
(8)	<del>                                     </del>		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del>                                     </del>		
Part IX Other Assets.	<u></u>		
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11a. 330 1 3111 330, 1 at 7, iii 6 13.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per R	eturn	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,859,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
	Donated services and use of facilities		241,542.		
С					
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	241,542.
3	Subtract line 2e from line 1			3	1,617,934.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,617,934.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	1,153,605.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities		241,542.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	241,542.
3	Subtract line 2e from line 1			3	912,063.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5				5	912,063.
	rt XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			4; Part	X, line 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional infor	mation.		
<b>D</b> Δ 1	RT X, LINE 2:				
r A.	KI A, DINE Z.				
EX.	PLANATION: THE FOUNDATION CONSIDERS UNCER	የጥልተለ፣ ጥጀ	X POSTTION	וב או	JD.
Li 21.	I LANATION: THE FOUNDATION CONDIDERS ONCE	CIAIN IF	M TODITION	D AI	<b>1</b> D
MΔ1	NAGEMENT DOES NOT BELIEVE THERE ARE ANY S	STONTETO	ANT INCOME	! ТАЗ	ζ
		2011111	71111 11100111		<u>-</u>
UN	CERTAINTIES.				
	<del></del>				

#### **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

CHORDOMA FOUNDA				20-84239	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part I					
=	-		ds to substantiate the amount of its gr		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? $\qquad \qquad igl X$	Yes No
	cribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States.					
			an be duplicated if additional space is		_
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
	offices	employees, agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in region	investments
		in region	recipients located in the region,	or service(s) in region	in region
		_	GRANTS TO RECIPIENTS		
EUROPE	0	0	LOCATED IN REGION	RESEARCH	25,000.
	1				05.000
3 a Sub-total	0	0			25,000.
<b>b</b> Total from continuation		_			
sheets to Part I	0	0			0.
c Totals (add lines 3a		_			05.000
and 3b)	0	0			25,000.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			GENOME SEQUENCING AS PART OF THE CHORDOMA GENOME PROJECT	25 000.	WIRE TRANSFER	0.			
			recognized as charities by the					1	
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities									

CHORDOMA FOUNDATION 20-8423943 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Schedule F (Form 990) 2013

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

MEDICINE - 733 N BROADWAY, STE 117 - BALTIMORE, MD 21205  90-0329755 501(C)(3)  150,000.  0.  RESEARCH GRANT  EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA , GA 30322  58-0566256 501(C)(3)  25,000.  0.  RESEARCH GRANT  MASSACHUSETTS GEN. HOSPOTAL 100 BLOSSOM CT, JACKSON 1115	CHORDOMA	FOUNDATIO	ON					20-8423943
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.  1 (a) Name and address of organization or government  1 (a) Name and address of organization or government  (b) EIN (c) IRC section of assistance or organization or government or government  JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N BROADMAY, STE 117  BADITIMORE, MD 21205  90-0329755 501(C)(3) 150,000. 0. RESEARCH GRANT  MASSACHUSETIS GEN, HOSPOTAL  100 BLOSSON CT, JACKSON 1115  BOSTON, MA 02114  04-1564655 501(C)(3) 50,000. 0. RESEARCH GRANT	Part I General Information on Grants a	nd Assistance					•	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.  1 (a) Name and address of organization (b) EIN (c) IRC section or government (f) Amount of cash grant (a) Amount of cash grant (b) Color (c) Concash (c) Conca	Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.    Part II   Grants and Other Assistance to Governments and Organization in the United States. Complete if the organization answered "Yes" to 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.    1 (a) Name and address of organization   (b) EIN   (c) IRC section   (d) Amount of rapplicable   (e) Amount of or government   (e) Amount of government   (e) Amount of government   (e) Amount of government   (e) Amount of government   (e) Amoun	criteria used to award the grants or assis	stance?						X Yes No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (d) Amount of fapplicable (ash grant one-cash assistance)  (d) Amount of cash grant one-cash assistance  (e) Amount of non-cash assistance  (f) Method of valuation (book, fW. appraisal, one-cash assistance)  (h) Purpose of grant or assistance  (h) Purpose of grant or assistance  (h) Purpose of grant or assistance  (assistance)  (h) Purpose of grant or assistance  (h) Purpose of grant or a	2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
1 (a) Name and address of organization or government (b) EIN (c) IRC section flapplicable (c) Amount of cash grant (c) Am	Part II Grants and Other Assistance to	Governments ar	nd Organizations in th	ne United States. C	complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
(b)   (c)	recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.	(6) NA -+   - 6	1	
MEDICINE - 733 N BROADWAY, STE 117 - BALTIMORE, MD 21205 90-0329755 501(C)(3) 150,000. 0. RESEARCH GRANT  EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322 58-0566256 501(C)(3) 25,000. 0. RESEARCH GRANT  MASSACHUSETTS GEN. HOSPOTAL 100 BLOSSOM CT, JACKSON 1115 BOSTON, MA 02114  04-1564655 501(C)(3) 50,000. 0. RESEARCH GRANT		<b>(b)</b> EIN	\ \ \ \	` '	non-cash	valuation (book, FMV, appraisal,		
201 DOWMAN DRIVE ATLANTA , GA 30322 58-0566256 501(C)(3) 25,000. 0. RESEARCH GRANT  MASSACHUSETTS GEN. HOSPOTAL 100 BLOSSOM CT, JACKSON 1115 BOSTON, MA 02114 04-1564655 501(C)(3) 50,000. 0. RESEARCH GRANT	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N BROADWAY, STE 117 - BALTIMORE, MD 21205	90-0329755	501(C)(3)	150,000.	0.			RESEARCH GRANT
100 BLOSSOM CT, JACKSON 1115 BOSTON, MA 02114  04-1564655 501(C)(3)  50,000.  0.  RESEARCH GRANT	EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA , GA 30322	58-0566256	501(C)(3)	25,000.	0.			RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	MASSACHUSETTS GEN. HOSPOTAL 100 BLOSSOM CT, JACKSON 1115 BOSTON, MA 02114	04-1564655	501(C)(3)	50,000.	0.			RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
LINE TOTAL HUMBER OF SECTION SO NOTED AND ADVENTIGED VIGALIZATIONS INSECT IN THE FILE OF TABLE	2 Enter total number of section 501(c)(2) a	nd government o	rganizations listed in the	he line 1 table				3.
3 Enter total number of other organizations listed in the line 1 table		-	~					·····

(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 non-cash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: MONITORING USE OF GRA	ANT FUNDS	INSIDE TH	HE US IS CA	RRIED OUT	
THROUGH REGULAR REPORTING BY GRAN	TEE ORGAN	TZATTONS.			
	0110111				

#### SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2013
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHORDOMA FOUNDATION

Employer identification number 20-8423943

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ULTIMATELY, A CURE FOR CHORDOMA, AND TO HELP CHORDOMA PATIENTS GET THE

BEST CARE POSSIBLE

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: BEN ABRAM AND ADAM ABRAM HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION'S BYLAWS WERE AMENDED TO INCREASE THE NUMBER

OF CONSECUTIVE TERMS A BOARD MEMBER MAY SERVE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FINANCIAL REPORTS AND THE FORM 990 ARE REVIEWED BY THE

FOUNDATION'S EXECUTIVE DIRECTOR, BOARD CHAIR AND FINANCE COMMITTEE BEFORE

BEING DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: CONFLICT OF INTEREST POLICY COMPLIANCE IS MONITORED BY REGULAR

COMPLETION OF CHECKLISTS BY DIRECTORS

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECOMMENDS

COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES THAT IS (I) WITHIN

THE BUDGET APPROVED BY THE BOARD OF DIRECTORS, AND (II) COMPARABLE TO

INDUSTRY NORMS FOR SIMILARLY SIZED NONPROFITS. THE BOARD OF DIRECTORS

DECIDE ON COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES BY VOTE

Name of the organization  CHORDOMA FOUNDATION	Employer identification number 20-8423943
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, FL, CA, KY, HI, MA, NY, NC, OH, OR, SC, VA, OK, IL, KS, MD, NM, TN,	MN,MI,WI,CO,AK,ND
PA, CT, ME, WA, WV, MS, RI, UT, GA	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE
AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE	E ON THE
FOUNDATION'S WEBSITE.	