

CANCER RESEARCH FOUNDA T I O N

The Mission of The Cancer Research Foundation Is To Help Find The Cures For Cancer Through Funding Laboratory and Clinical Research.

The University of Chicago Comer Children's Hospital

A milestone is on the horizon.



Article by:
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George M. Eisenberg Professor
Chairman, Department of Pediatrics
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In the fall of 2004, the new University of Chicago Comer Children's Hospital will open a new era of state-of-the-art care for children. The new Children's Hospital is the third in a distinguished lineage from the original Bobs Roberts Memorial Hospital for Children, which first opened in 1930 to the Wyler Children's Hospital, which opened on its present site in 1966, to this new stunning achievement, which will be our next children's hospital in 2004. The extraordinary support from Gary and Frances Comer galvanized our effort to create a new facility, which embodies in its construction and philosophy the best current approaches to caring for children and their families. From greatly enlarged patient rooms that will also provide comfortable sleeping amenities for families, to state-of-the-art information systems in patient rooms, to laundry and kitchen facilities, to private consultative and reflective spaces, to separate additional sleeping facilities for parents of neonates, to healing gardens and playgrounds, to an integrated arts program and the latest in video technology and information processing, the new Comer Children's Hospital will be different in these obvious and other subtle and incalculable ways from our current children's hospital. Our philosophy of family-centered, kid-friendly care will focus on patient and family needs in all medical decisions.

The new Comer Children's Hospital will be the standard-

bearer in the Chicago area. It will be not only world-class, but also best-in-class. The new Hospital will help us reach out to our local community, where appropriate health care often takes a back seat to thoughts about adequate housing, food, nutrition, safety, and a myriad of other issues. It will also be a beacon of light and hope - not just to the south side of Chicago, but to our region, our country and the world - for those pediatric patients and their families whose specific needs can be best addressed by our pediatric medical and surgical specialists.

Our goal has always been to have exemplary clinical programs driven by the very best pediatric research in a training and teaching environment that, altogether, would elevate our programs to premier status. We have consistently articulated a vision for our new Children's Hospital and pediatric programs that would make us locally dominant and nationally prominent. The commitment to building our Children's Hospital galvanized the interest of many extraordinary physicians that wanted to join in this effort. With their help, we have transformed the critical aspects of the Department that lead to greatness - our clinical programs, our teaching programs and our research.

The new Comer Children's Hospital will be a winner. It will embody every element of greatness, from its construction and amenities to its programs and people. It will position us at the Forefront of





Gary Comer

Medicine for Kids. The 242,000 square-foot, 155-bed, seven-story facility will provide an ultra-modern yet child-friendly setting for all inpatient children's health services at the University of Chicago. Incorporating a pediatric faculty of over 130 doctors, the Hospital will have nationally recognized programs in general pediatrics, cardiology, neurology, neonatology, endocrinology, hematology/oncology, transplantation, procedures such as minimally invasive surgery, and other medical and surgical specialties. The Hospital was designed not just by architects and health care providers but also by current and former patients, who contributed features that will bring many of the comforts of home into the hospital.

The Comer Children's Hospital will be built one block north of the current children's hospital, which, at 95,000 square feet, is less than half the size of the new facility.

Three hundred fifty-four feet long and 133 feet wide, the Comer Children's Hospital will dominate most of the block, filling one side of Maryland Avenue from 57th to 58th Streets. Bridges, tunnels and walkways will connect it to the Bernard Mitchell Hospital, an adult inpatient facility, the Duchossois Center for Advanced Medicine, which houses the pediatric specialty clinics, and the nearby Ronald McDonald House, which provides affordable housing for the families of pediatric patients.

The new hospital will provide the optimal setting for the rapidly advancing technologies of pediatric medicine. It will include two 30-bed medical/surgical units, predominantly private rooms. It will include a two-story, 30-bed

The University of Chicago Comer Children's Hospital

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pediatric intensive care unit, more than twice the capacity of the current unit, with more space for each bed. The current 55-bed neonatal intensive care unit, already one of the largest in the Midwest, will expand to 65 beds and double the space per bed. The new hospital will add five surgical suites, with operating rooms, preoperative areas and recovery rooms designed to suit the specific needs of pediatric and newborn surgical patients.

The Comer Children's Hospital will bring together this advanced technology with a family-centered, kid-friendly philosophy embraced at the University of Chicago Children's Hospital. Patient rooms will be big enough to accommodate family members - 308 square feet, compared to 177 in the current children's hospital - and there will be more common spaces for families, including sleeping areas (in addition to beds in the private rooms), a family kitchen, laundry facilities, and a Family Resource Center.

Many unusual components of the building plan came from the Kids' Advisory Board, a group of current and former pediatric patients who provide hospital staff and the design team with the child's perspective on a hospital stay. The children asked for lots of windows, bigger bathrooms, personal bulletin boards in each room, more group areas to socialize with each other, and a food court. The plan calls for all that and more.

Children and their families will be given an unprecedented level of control over their environment. Each patient will be able to regulate the climate and lighting in his or her

room and open or close blinds embedded within large internal and outside windows to regulate privacy. They can adjust the height of the showers and choose their own bed linens. They can use the computers in each room to select their own art work, play music, access entertainment such as movies or video games, or communicate with other patients.

In addition to exemplary clinical programs, the Hospital will have superb educational facilities for our Pediatric Residency Program.

To date, more than \$50 million has been raised to support the new Comer Children's Hospital and its programs, and another \$20 million has been pledged to build a new Pediatric Emergency Department, which will join the Hospital at its northeast corner.

The future of pediatrics and the Comer Children's Hospital at the University of Chicago is bright with hope and promise of new and better ways to care for children who require nothing less than the Forefront of Medicine for Kids. We must all remember, however, that our work is not finished. In order to sustain greatness, we will have to intensify our efforts and identify new opportunities to garner support for clinical programs and research. We deal with special kids and such support will



A BIRTHDAY PRESENT FOR BERNICE GOLDBLATT TOPS OFF THE CAMPAIGN FOR CHILDREN

The Cancer Research Foundation has made a \$500,000 grant to name the Bernice Goldblatt Cancer Pavilion in the Comer Children's Hospital in honor of Bernice Goldblatt's 90th birthday.

The grant, which tops off At the Forefront: The Campaign for Children, will support research led by Ramamoorthy Nagasubramanian, M.D., a fellow in Pediatrics, whose work explores the pharmacogenetics of pediatric and adolescent sarcomas.



The gift exemplifies the Goldblatt family's long-standing commitment to the University of Chicago's cancer programs through the Cancer Research Foundation. For more than a half-century, the Goldblatt family and the Cancer Research Foundation (CRF) have been a driving force behind the University's cancer research effort, funding innovative projects and supporting young investigators as they pursue cancers in cutting-edge science and medicine.

Since its inception, in 1947, by Mrs. Goldblatt's late husband, Maurice, the CRF has funded more than 150 University of Chicago researchers through gifts totaling more than \$15 million.

"The Cancer Research Foundation has been a consistent source of support for our young scientists at the most critical time in their careers," said Richard Schilsky, M.D., Professor of Medicine, Associate Dean for Clinical Research in the Biological Sciences and medical consultant to the CRF. "The Goldblatt

family is wholeheartedly dedicated to the University of Chicago, helping us to maintain an environment in which scientific curiosity can be cultivated into discovery."

Through the CRF, the Goldblatts have provided the impetus for discoveries at the University of Chicago that have advanced cancer treatments worldwide.

In 2002, for example, the CRF funded Axel Rosengart, M.D., Assistant Professor of Neurology, who uses nanotechnology techniques to deliver anti-stroke medications directly into cells. "The CRF had the foresight to know that Dr. Rosengart's work could lead to breakthroughs in cancer research," said Nicholas Vogelzang, M.D., the Fred C. Buffett Professor and Director of the University of Chicago Cancer Research Center. "Not many people would have made this connection and recognized the exciting potential of this work."

A MESSAGE
FROM
THE EXECUTIVE
DIRECTOR



On August 29, I was diagnosed with breast cancer, one of 200,000+ women in the United States who got the same news in 2003.

I've worked for the Cancer Research Foundation since 1985, and, in that time, I've talked with thousands of women who've been diagnosed with breast cancer. And I've been glad to be on *my* end of the conversation. Now I was on the other end. And I was shocked.

I wasn't afraid. Perhaps that's because of the great strides made by cancer researchers: the 5-year cure rate for localized breast cancer discovered early has risen to 97%.

But I was angry. My husband, Lloyd, and I had commented, several times recently, that this just might be the very best time in our lives. And now, this disease was going to interfere.

After I talked with several oncologists (cancer doctors) I know, I selected my oncologist, who would head my team of doctors. Then we cancelled our Thanksgiving vacation in London, where our oldest daughter and husband, and 3 of our grandchildren live.

Our calendar would revolve around cancer, and my treatment, until I was healthy again. My oncologist, and her nurse, and my surgeon, and her nurse, stressed to me that this was a time in my life when it was important for me to pamper myself – rest when I was tired, eat what I wanted when I wanted, and, generally to think positively and ask for help if I needed it. Not a bad prescription.

In mid-September, my surgeon performed a lumpectomy to remove the cancer; she also removed the diseased lymph nodes under my arm. I'd been in hospitals only to give birth to our two daughters, and I was anxious. I am happy to report that the experience was not unpleasant, and I was in the hospital one night only. Two weeks later, I was happy to be back at work.

Chemotherapy would be next. I expected to lose my hair. I bought a wig, sometimes covered by health insurance if it's labeled a cranial prosthesis; my wig was not covered by insurance. **BUT** - no haircuts, permanents and frostings until sometime late in 2004. And the hairpiece is truly ready-to-go hair.

For those of you who have not experienced chemotherapy, if you've read anything more than two or three years old, you probably have the misconception that the poor patient spends her life upchucking – or wishing she could. Chemotherapy is the introduction of powerful chemicals into your body, designed to kill particular cancer cells in a specific stage of the cell-life. But the evolution of medicines that counter the horrid side-effects of chemotherapy allows most patients to lead a normal, or close to normal, life. I've been on chemotherapy since mid-October; my primary negative side-effect has been exhaustion, and my primary complaint is that many of my favorite foods taste like shredded newspapers. I never know if something is going to taste good until I taste it. It's difficult to be the perfect guest!

The most significant risk factor for cancer is aging. As we age, we are susceptible to malignant transformations. Today, I am 63 years old. There is a growing number of people my age and older. Now that we're living longer, the health problems associated with these added years are being addressed.

The future is very encouraging: According to Andrew C. von Eschenbach, M.D., Director of the National Cancer Institute (NCI), a time is coming when medical interventions will prevent and eliminate cancer in some people, and will control cancer in other people who will be living with cancer, instead of dying from cancer. Research is the key.

In our next newsletter, I'll let you know about the rest of my cancer treatment. While the Cancer Research Foundation is not in the business of referring particular physicians or hospitals, I will be happy to share information you can use to find the best care for you.

We invite you to share your stories with our readers. If you have information that can help someone else, we'll be happy to print it. Meanwhile, remember to do regular breast self-examination and have annual mammograms. They can save your life, just as they'll save mine.

Sharon Swanson



Report of Independent Certified Public Accountants

Board of Trustees
The Cancer Research Foundation

We have audited the accompanying statements of financial position of **The Cancer Research Foundation** as of March 31, 2003 and 2002, and the related statements of activities and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Cancer Research Foundation as of March 31, 2003 and 2002, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Lincolnwood, Illinois
June 3, 2003

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Goettsche Tranen Winter + Russo

The Cancer Research Foundation
STATEMENTS OF
FINANCIAL POSITION
March 31, 2003 and 2002

ASSETS		
	2003	2002
Cash and Equivalents	\$ 50,114	\$ 218,249
Accrued Interest Receivable	21,778	21,605
Prepaid Expenses	9,321	8,182
Beneficial Interest in		
Charitable Remainder Trust and Estates	458,769	1,106,064
Investments	5,827,646	6,022,011
Equipment – Net	1,168	1,917
TOTAL ASSETS	\$6,368,796	\$ 7,378,028
LIABILITIES AND NET ASSETS		
LIABILITIES		
Unconditional grants payable	\$ 501,597	\$ 225,000
Accrued Liabilities	274	
Total Liabilities	\$ 501,871	\$ 225,000
NET ASSETS		
Unrestricted Fund Balance	\$4,697,891	\$5,336,699
Temporarily Restricted Fund Balance	458,769	1,106,064
Restricted Fund Balance	710,265	710,265
Total Net Assets	\$5,866,925	\$7,153,028
TOTAL LIABILITIES AND NET ASSETS	\$6,368,796	\$7,378,028

The Cancer Research Foundation
STATEMENTS OF
ACTIVITIES AND CHANGES
IN NET ASSETS
Years ended March 31, 2003 and 2002

	2003			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Operating Revenues				
Public Support Contributions	\$ 1,090,617			\$ 1,090,617
Investment Income	157,745			157,745
Change in Value of Charitable Remainder Trust and Estates		\$ (647,295)		\$ (647,295)
Total Operating Revenues	\$ 1,248,362	\$ (647,295)		\$ 601,067
EXPENSES				
Program Services				
Contributions and Grants Made to:				
The University of Chicago	\$ 908,850			\$ 908,850
Northwestern University				
Miscellaneous gifts	3,500			3,500
Cost of Direct Benefits to Donors	54,661			54,661
Total Program Services	\$ 967,011			\$ 967,011
Supporting services				
Management and General.....	\$ 43,614			\$ 43,614
Fund Raising	59,709			59,709
Total Supporting Services	\$ 103,323			\$ 103,323
Total Expenses	\$ 1,070,334			\$ 1,070,334
NET OPERATING REVENUES.....	\$ 178,028	\$ (647,295)		\$ (469,267)
Other Gains (Losses)				
Realized Gains (Losses) on Investments.....	\$ (372,891)			\$ (372,891)
Unrealized Gains (Losses) on Investments	(443,945)			(443,945)
Total Other (Losses)	\$ (816,836)			\$ (816,836)
CHANGES IN NET ASSETS.....	\$ (638,808)	\$ (647,295)	\$ -	\$ (1,286,103)
Net Assets, Beginning of Year.....	5,336,699	1,106,064	710,265	7,153,028
NET ASSETS, END OF YEAR.....	\$ 4,697,891	\$ 458,769	\$ 710,265	\$ 5,866,925

The accompanying notes are an integral part of these financial statements.

The Cancer Research Foundation
STATEMENTS OF
FUNCTIONAL EXPENSES
Years ended March 31, 2003 and 2002

	2003			
	Program Services	Management and General	Fund Raising	Total
Grants.....	\$ 912,350	\$	\$	\$ 912,350
Payroll and Taxes.....	23,037	18,430	4,607	46,074
Legal and Professional	3,720	3,720	1,860	9,300
Telephone.....	1,511	1,511	755	3,777
Postage and Office Supplies	5,527	5,527	5,527	16,581
Advertising			37,345	37,345
Rent	6,774	5,418	1,355	13,547
Meeting Expense	765	763	763	2,291
Liability/Worker's Compensation.....		1,042		1,042
Newsletter	4,915		4,915	9,830
Internet	669		669	1,338
Employee Benefits.....	6,820	5,456	1,364	13,640
Dues and Subscriptions	549	549	549	1,647
Depreciation	374	375		749
Miscellaneous		823		823
TOTAL FUNCTIONAL EXPENSES..	\$ 967,011	\$ 43,614	\$ 59,709	\$ 1,070,334

The accompanying notes are an integral part of these financial statements.

The Cancer Research Foundation
NOTES TO THE
FINANCIAL STATEMENTS
March 31, 2003 and 2002

NOTE 1: NATURE OF PROGRAM SERVICES
The purpose of The Cancer Research Foundation (the "Foundation") is to obtain and distribute funds to recognized doctors, hospitals, laboratories, institutes, and centers engaged in cancer research.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
Basis of Presentation
The financial statements of the Foundation have been prepared on the accrual basis.

Classification of Net Assets
The Foundation's net assets have been grouped into three classes as defined below:

Unrestricted
Net assets that are not subject to donor-imposed stipulations. Unrestricted net assets may be designated for specific purposes by action of the Board of Trustees or may otherwise be limited by contractual agreements with outside parties.

Temporarily Restricted
Net assets subject to donor-imposed stipulations that will be met by action of the Foundation and/or the passage of time.

Permanently Restricted
Net assets subject to donor-imposed stipulations requiring the funds be maintained in perpetuity by the Foundation. Generally, the donors of these assets permit the Foundation to use all or part of the income earned on these assets. Permanently restricted assets consist of the Foundation's endowment fund.

Public Support Contributions
Public Support contributions are recorded as revenue when received or when an unconditional promise to give is received by the Foundation. Contributions of assets other than cash are recorded at their estimated fair value at the date of donation. Split interest agreements are recorded as revenue at their estimated future value when the Foundation is notified it has an irrevocable beneficial interest in such agreements. Changes in the estimated future value of split interest agreements are recorded annually in the Statement of Activities.

Contributions and Grants Made
Grants, unconditional promises to give, are recorded as expenses when the Board approves the grants. Grants approved by the Board, but not yet paid, are recorded as liabilities in the Statement of Financial Position.

Cash Equivalents
The Foundation considers all liquid investments purchased with a maturity of three months or less and designated to be used to support daily operations to be cash equivalents. These investments are held in general operating bank accounts. The Foundation considers all liquid money market funds held by the custodian and controlled by the investment manager to be investments as described in Note 4 of these financial statements.

Investments
Investments are carried at fair market value, based on quoted market prices. Interest and dividends are included in operating revenues as investment income net of custodial and investment advisory fees. Realized and unrealized gains and losses are separately stated as other gains and losses on the Statement of Activities. Custodial and investment advisory fees amounted to \$51,490 and \$45,508 in the fiscal years ended March 31, 2003 and 2002 respectively.

Equipment
Equipment purchased by the Foundation is stated at cost. Depreciation of assets begins when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful life of the equipment.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may vary from those estimates.

2002			
Unrestricted	Temporarily Restricted	Permanently Restricted	Total
\$ 1,315,104			\$ 1,315,104
148,517			148,517
	\$ 273,048		\$ 273,048
\$ 1,463,621	\$ 273,048		\$ 1,736,669
\$ 254,959			\$ 254,959
5,000			5,000
7,100			7,100
50,323			50,323
\$ 317,382			\$ 317,382
\$ 40,261			\$ 40,261
51,148			51,148
\$ 91,409			\$ 91,409
\$ 408,791			\$ 408,791
\$ 1,054,830	\$ 273,048		\$ 1,327,878
\$ (75,552)			\$ (75,552)
72,080			72,080
\$ (3,472)			\$ (3,472)
\$ 1,051,358	\$ 273,048		\$ 1,324,406
4,285,341	833,016	710,265	5,828,622
\$ 5,336,699	\$ 1,106,064	\$ 710,265	\$ 7,153,028

2002			
Program Services	Management and General	Fund Raising	Total
\$ 267,059	\$	\$	\$ 267,059
23,037	18,430	4,607	46,074
4,300	4,300	2,150	10,750
1,568	1,568	784	3,920
2,280	2,280	2,280	6,840
		32,212	32,212
6,113	4,890	1,223	12,226
692	691	691	2,074
	1,052		1,052
4,397		4,397	8,794
670		608	1,215
5,844	4,676	1,169	11,689
1,027	1,027	1,027	3,081
458	458		916
	889		889
\$ 317,382	\$ 40,261	\$ 51,148	\$ 408,791

The Cancer Research Foundation
STATEMENTS OF CASH FLOWS
Years Ended March 31, 2003 and 2002

	2003	2002
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets.....	\$ (1,286,103)	\$ 1,324,406
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used) in Operating Activities:		
Depreciation Expense	749	916
Net Realized and Unrealized Loss on Investments	816,836	3,472
(Increase) Decrease in Assets:		
Accrued Interest Receivable	(173)	(6,805)
Prepaid Expenses	(1,139)	(59)
Beneficial Interest in Charitable Remainder Trusts and Estates.....	647,295	(273,048)
Increase (Decrease) in Liabilities:		
Accrued Liabilities	274	(1,168)
Grants Payable	276,597	(50,000)
Net Cash Provided by Operating Activities	\$ 454,336	\$ 997,714
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Investments	\$ (3,327,051)	\$ (3,097,075)
Proceeds from the Sale of Investments.....	2,704,580	2,197,052
Net Cash (Used) in Investing Activities.....	(622,471)	(900,023)
NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS.....	(168,135)	97,691
Cash and Cash Equivalents, Beginning of Year	218,249	120,558
CASH AND EQUIVALENTS, END OF YEAR.....	\$ 50,114	\$ 218,249

The accompanying notes are an integral part of these statements.

The Cancer Research Foundation
NOTES TO FINANCIAL STATEMENTS (continued)
March 31, 2003 and 2002

NOTE 3: BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS AND ESTATES

The Foundation has been named the remainder beneficiary in a charitable remainder trust. The trust agreement provides that upon the death of all beneficiaries, the Foundation will receive a certain defined amount of the trust assets. The Foundation is not the trustee of the agreement. Included in Beneficial Interest in Charitable Remainder Trusts and Estates is \$106,895 representing the present value of the estimated future payments to be received. The Foundation has used a 5% discount factor and the IRS joint life and last survivor annuity table, for determining life expectancy in estimating the future payments to be received under the agreement.

The Foundation has estimated that its share of the assets of three separate estates and trusts as of the year-end to be \$203,600. Management expects these trusts and estates to be paid out by March 31, 2004 and, accordingly, has not discounted the amount estimated to be received. During fiscal year 2002, the Foundation was notified that it will receive monthly payments of \$3,560 over five years from life insurance annuities from its share of the assets of an estate. To date, the Foundation has received 10 payments. The Foundation has estimated that its share of the remaining assets of this estate as of the year-end to be \$148,274 representing the present value of the estimated future payments to be received.

NOTE 4: INVESTMENTS

Investments consist of the following at March 31, 2003 and 2002:

	2003	2002
Money Market Fund	\$ 286,244	\$ 86,611
U.S. Government Bonds	903,511	870,937
Corporate Bonds and Warrants	1,257,026	1,027,794
Convertible Bonds	27,956	109,519
Stocks and Securities	3,352,909	3,927,150
Total	\$ 5,827,646	\$ 6,022,011

NOTE 5: PERMANENTLY RESTRICTED NET ASSETS

The Foundation received endowments totaling \$710,265 from the Eugene and Dorothy S. Fletcher Trust. The terms of the endowments permit the use of investment earnings for laboratory research.

NOTE 6: TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets include a contribution valued at \$28,600 restricted for use in lung cancer research.

NOTE 7: GRANTS MADE TO THE UNIVERSITY OF CHICAGO

Grants made to the University of Chicago were directed to the following researchers:

Name	2003	2002
Dr. Cluzel		\$ 50,000
Dr. Connell		50,000
Dr. Macleod		50,000
Dr. McKee		50,000
Dr. Odenike		50,000
Dr. Kindler		4,959
Dr. Rinker-Schaeffer	\$ 100,000	
Dr. Rosengart	548,000	
Dr. Fan	50,000	
Dr. Kee	50,000	
Dr. Shen	50,000	
Dr. McKee	25,000	
Dr. Vokes	85,850	
Total	\$ 908,850	\$ 254,959

NOTE 8: TAX STATUS

The United States Treasury Department has advised that the Foundation is a not-for-profit corporation organized and operated exclusively for charitable and scientific purposes, is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and is not a private foundation as defined in Section 509(a), of the Internal Revenue Code.

NOTE 9: LEASE AGREEMENT

The Foundation is obligated for future minimum rental commitments totaling \$5,668 under a non-cancelable operating lease for office space expiring in August 2003. The agreement provides for annual base rents plus additional rents relating to future increases in the building's operating expenses and real estate taxes. Rent expense during the years ended March 31, 2003 and 2002, totaled \$13,547 and \$12,226 respectively.

NOTE 10: EMPLOYEE BENEFIT PLAN

The Foundation maintains a 403(b) retirement plan for its employee. Under the terms of the Plan, employees are entitled to contribute a portion of their total compensation up to maximum limits established by the Internal Revenue Code. The Plan provides for discretionary employer matching contributions. Retirement expense amounted to \$3,000 in the fiscal years ended March 31, 2003 and 2002.

NOTE 11: ADVERTISING COSTS

It is the Foundation's policy to expense advertising costs as incurred.

NOTE 12: FUNDRAISING EXPENSE

Total Fundraising expense for the years ended March 31, 2003 and 2002 amounted to \$59,709 and \$51,148, respectively. Fund-raising expenses are computed using actual expenses and an allocation of expenses based on management's estimate.

NOTE 13: CONCENTRATIONS OF CREDIT RISK

At times during the year, the Foundation may maintain certain bank account balances in excess of the FDIC's insured limits.

NOTE 14: SUBSEQUENT EVENTS

Subsequent to the end of the fiscal year, the Board of Directors unanimously voted to commit a total of \$500,000 over the following five fiscal years to fund The Bernice Goldblatt Pediatric Pharmacogenetics Program at the University of Chicago. The overall goal of this project is to discover molecular determinants that influence anticancer drug response and toxicity in patients with sarcoma.

Bequests: Fiscal Year 2002-2003

_____ ♥ _____	
Jean Bertram	\$ 650
Grace Bushnell	89,556
Virginia Van Ness	585,749
Josephine Deutsch	57,253
Raymond Ernst	100,000
Samuel Goodman	11,403
Madge Gould	45,604
Gladys Muller	5,000
Mary Pearce	20,618
Mary Simoni	102
Lilliam Tutles	70,976

The Cancer Research Foundation received bequests from the following individuals during fiscal year 2002-2003. Their generosity will provide much-needed funding for important cancer research projects in Chicago.

Like these caring people, you have the power to provide for future cancer research in your will. When you consult your attorney, the following is submitted as language which may be used:

I give and bequeath to the Cancer Research Foundation, a not-for-profit corporation located in Chicago, Illinois

a) specific bequest: *the sum of _____ dollars (\$ _____) for uses and purposes of said corporation.*

or

b) remainder: *all the rest, residue and remainder of my estate, for uses and purposes of said corporation.*

Special Occasion and Memorial Acknowledgement

Gifts honoring the memory of someone dear who has died, or gifts in celebration of birthdays, anniversaries, a new home, a new baby or many other special occasions arrive at the Cancer Research Foundation daily.

This represents a current philanthropic trend in gift giving. Caring individuals and companies are making donations to CRF in someone's name, in lieu of client or staff gifts. It's truly a way to demonstrate that it is better to give than to receive.

Now it's even easier to give: In addition to personal checks and cash, **you can charge your gift to VISA, MasterCard or American Express** – by mail, by phoning our office, or online.

Online donations to the Cancer Research foundation are run on a Secure E-Commerce Transaction Server. When you enter information on our website donation page, the information is encrypted before it gets sent over the Internet. The transaction remains 100% secured from everyone except you, the donor, and CRF.

Every contribution will receive a timely, personalized acknowledgement from the Cancer Research Foundation.



For further information, contact the Cancer Research Foundation at (312) 630-0055 or dial our website www.cancerresearchfdn.org.

This Year You Can...

Give To The Cancer Research Foundation Through Payroll Deductions:

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What Cancer Cannot Do

Cancer is so limited –

It cannot cripple love,

It cannot shatter hope,

It cannot corrode faith,

It cannot destroy peace,

It cannot kill friendship,

It cannot suppress memories,

It cannot silence courage,

It cannot invade the soul,

It cannot steal eternal life,

It cannot conquer the spirit.

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