		IRS e-file Signature Authoriz for an Exempt Organizati		-	OMB No. 1545-1878
Form 8879-EO	For colordar year 2011, or f	iscal year beginning APR 1 , 2011, and		20 1 2	0044
				20 12	2011
Department of the Treasury		Do not send to the IRS. Keep for you	ur records.	i i	
Internal Revenue Service Name of exempt organization		See instructions.		Employer id	lentification number
CANCER RESEAR		זאר		36-23	85213
	CH FOUNDAIL			1 30-23	0.521.5
Name and title of officer	תחא זכורו				
STANFORD J GO					
CHAIRMAN					
	······	n Information (Whole Dollars Only)	····		
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amou	ing this Form 8879-EO and enter the appl Int on that line for the return being filed w But, if you entered -0- on the return, then e	ith this form was blank,	then leave lin	ne 1b, 2b, 3b, 4b, or
	► X b Total	· · · · · · · · · · · · · · · · · · ·	(1) 11 (0)	· ·	12743
1a Form 990 check here		revenue, if any (Form 990, Part VIII, colur	nn (A), line 12)	^{1b}	
2a Form 990-EZ check he	ere 🕨 🛄 b To	otal revenue, if any (Form 990-EZ, line 9)		^{2b} _	
3a Form 1120-POL check	khere 🕨 🛄 k	Total tax (Form 1120-POL, line 22)		3b	·••·································
4a Form 990-PF check he		ax based on investment income (Form 9			
5a Form 8868 check here	e ▶└── b Balan	ce Due (Form 8868, Part I, line 3c or Part	II, line 8c)		·
			· .		
Part II Declara	tion and Signature	e Authorization of Officer			
1-888-353-4537 no later th	an 2 business days pri	itry to this account. To revoke a payment, or to the payment (settlement) date. I aisc			
payment. I have selected	a personal identificatior	receive confidential information necessar n number (PIN) as my signature for the org awal.	y to answer inquiries an	d resolve iss	ues related to the
payment. I have selected organization's consent to	a personal identificatior electronic funds withdr	n number (PIN) as my signature for the org	y to answer inquiries an	d resolve iss	ues related to the
payment. I have selected organization's consent to Officer's PIN: check one	a personal identificatior electronic funds withdra box only	n number (PIN) as my signature for the org	y to answer inquiries an	d resolve iss	ues related to the applicable, the
payment. I have selected organization's consent to Officer's PIN: check one	a personal identificatior electronic funds withdra box only	n number (PIN) as my signature for the org awal.	y to answer inquiries an	d resolve iss eturn and, if a	ues related to the applicable, the PIN <u>85213</u> Enter five numbe
payment. I have selected organization's consent to Officer's PIN: check one	a personal identificatior electronic funds withdra box only	n number (PIN) as my signature for the org awal. NEN WINTER AND RUSSO	y to answer inquiries an	d resolve iss eturn and, if a	ues related to the applicable, the PIN 85213
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Form 990
Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



> The organization may have to use a copy of this return to satisfy state reporting requirements.

A 6	or the	2011 calendar year, or tax year beginning $APR \ 1$, $\ 2011$ and ending	MAR 31, 2012	•
B	Check if pplicable	C Name of organization	D Employer identifi	cation number
X	Address change Name	CANCER RESEARCH FOUNDATION	_	
	_change	Doing Business As	36-2	385213
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Termin-	JJJ4 N. FROLINA SI	312-	630-0055
	Amende	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,011,095.
	Applica	CHICAGO, IL 00057	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: MERLE GOLDBLATT COHEN	for affiliates?	Yes X No
		3354 N. PAULINA ST., CHICAGO, IL 60657	H(b) Are all affiliates inc	luded? Yes No
1 1	Tax-exe	$\begin{array}{c c} & & & \\ mpt \ status: \ \hline X \ 501(c)(3) \ \hline 501(c) \ (\) \ \hline \end{array} $ (insert no.) $\begin{array}{c c} & & & \\ 4947(a)(1) \ or \ \hline \end{array} $	527 If "No," attach a	list. (see instructions)
٦١	Nebsite	HTTP://WWW.CANCERRESEARCHFDN.ORG	H(c) Group exemptio	
κF	orm of o	organization: Corporation Trust AssociationX_ Other ► 501 (C L Y		
Pa	art I	Summary		-
_	1 6	Briefly describe the organization's mission or most significant activities: FUNDING	CANCER RESEAR	CH TO FIND
ů		A CURE		
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
2ve		Jumber of voting members of the governing body (Part VI, line 1a)	1	11
Ğ		Jumber of independent voting members of the governing body (Part VI, line 1b)		11
ŝ		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		3
/itie		otal number of volunteers (estimate if necessary)		0
cţi		otal unrelated business revenue from Part VIII, column (C), line 12		0.
4		Jet unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	788,906.	1,046,631.
ň		Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	-	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	461,065.	227,682.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,249,971.	1,274,313.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	375,000.	475,000.
			0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	87,582.	128,256.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25) ► 57,948.		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,151.	75,134.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	537,733.	678,390.
		Revenue less expenses. Subtract line 18 from line 12	712,238.	595,923.
es			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	6,474,453.	7,080,702.
Bal	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	239,134.	159,544.
Vet /	21	let assets or fund balances. Subtract line 21 from line 20	6,235,319.	6,921,158.
	art II	Signature Block	0,255,515.	0,521,150.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		אווטשופטער מווט טרוורו, ול 31
<u></u>		, מות כסווקופנט. בפטמומנוטון טו קופקמופו (סנוופו נוומון טוווכפן) ול במספט טון מון ווווטו וומנוטון טו שווכון קופק	מוטו וומס מווץ הווטשופטעש.	
			I	
Sia	<u> </u>	Signature of officer	Date	

Sign	Signature of officer	Date
Here	STANFORD J. GOLDBLATT, CHAIRMAN	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	eparer's signatureDateCheck \square PTIN if self-employedPO0632828 INTER AND RUSSO Firm's EIN \blacktriangleright 36-3476090SNUE 712Phone no. 847-679-8500
Paid	GOETTSCHE TRANEN WINTER &	self-employed P00632828
Preparer	Firm's name GOETTSCHE TRANEN WINTER AND RUSSO	Firm's EIN ► 36-3476090
Use Only	STANFORD J. GOLDBLATT, CHAIRMAN Type or print name and title ht/Type preparer's name ETTSCHE TRANEN WINTER & Preparer's signature Date Check If BOETTSCHE TRANEN WINTER & OBTOCLNWOOD, IL 60712 Iscuss this return with the preparer shown above? (see instructions) X	
	LINCOLNWOOD, IL 60712	Phone no. 847-679-8500
May the I	AS discuss this return with the preparer shown above? (see instructions)	X Yes No
	a 10 1110 For Denominary Deduction Act Nation and the concrete instructions	Corm 990 (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	m 990 (2011) CANCER RESEARCH FOUNDATION	36-2385213	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		🔲
1	Briefly describe the organization's mission: THE CANCER RESEARCH FOUNDATION MISSION IS TO RAISE FUNDS		πu
	EARLY-CAREER CANCER SCIENTISTS AND NEW DIRECTIONS IN CAN		111
	RESEARCH WITH THE GOAL OF CONTRIBUTING TO TRANSFORMATION		N
	THE PREVENTION, TREATMENT AND CURE FOR CANCER.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
3	If "Yes," describe these changes on Schedule O.		
4	-	neasured by expenses	
		rants and allocations to	С
	others, the total expenses, and revenue, if any, for each program service reported.	070	
4a			547.)
		CHINICAL A	
4b) תשת
	· ·		IS
	ALSO AVAILABLE ON THE FOUNDATION WEBSITE		
	05-201		
4c)
		NEWSLEITEK	
	GRANTS TO SCIENTISTS AT CHICAGO AREA MEDICAL CENTERS FOR CLINICA LABORATORY RESEARCH ON VARIOUS PROJECTS		
4d			
4e)	
		Form 9 9	90 (2011)
13200: 02-09-	9-12		. /
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Form 990 (2011)

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Part IV Checklist of Required Schedules

09431026 758290 4580210 2011.04040 CANCER RESEARCH FOUNDATION

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		2
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		2
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		2
Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		2
Schedule D, Parts XI, XII, and XIII	12a	Х	
Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		2
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
Did the organization maintain an office, employees, or agents outside of the United States?	14a		2
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 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		2
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		2
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		2
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		2
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		2
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		2
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Form	990 (2	20

3

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

public office? If "Yes," complete Schedule C, Part I

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

similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Schedule D, Part III

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete

Did the organization report an amount in Part X, line 21; 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

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

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Yes

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No

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CANCER RESEARCH FOUNDATION Form 990 (2011) CANCER RESEARCH FC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
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 25	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		
d	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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," 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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		~
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
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		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

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Form	990 (2011) CANCER RESEARCH FOUNDATION 36-2385	213	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
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 reportable 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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 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 Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. 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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2011)

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CANCER RESEARCH FOUNDATION

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VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re	response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

	Check if Schedule O contains a response to any question in this Part VI
Section	A. Governing Body and Management

X

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<u> </u>	ton A. doverning body and management					
		Ι.	1 1.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1:	4		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
•	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		
a				8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			8b		x
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					- 23
9						x
<u> </u>				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revent	le Code.)		X	
					Yes	No X
	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 of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	/al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	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 arrange	ement	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright extsf{IL}$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organiz	ation: 🕨	•	
	ALEXANDRA NIKITAS - 312-630-0055		-	-		
	3354 N PAULINA 208, CHICAGO, IL 60657					
132000 01-23-				Form	990 ((2011)
	6					

CANCER RESEARCH FOUNDATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per	Average Position (do not check more th box, unless person is 1 officer and a director/f					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)		_	Officer D		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MR. S. GOLDBLATT										0
CHAIRMAN	5.00	X		X				0.	0.	0.
(2) MRS. M. COHEN PRESIDENT	5.00	x		x				0.	0.	0.
(3) MR. J. GOLDBLATT TREASURER	5.00	x		x				0.	0.	0.
(4) MR. M. FREED DIRECTOR	2.00	x						0.	0.	0.
(5) MR. R. GOLDSTEIN DIRECTOR	2.00	x						0.	0.	0.
(6) MR. T. SHIELDS DIRECTOR	2.00	x						0.	0.	0.
(7) MS. L. COHEN SCHENKMAN SECRETARY	2.00	x		x				0.	0.	0.
(8) MR. J. MICHAEL LOCKE DIRECTOR	2.00	x						0.	0.	0.
(9) MR. T. NOARD DIRECTOR	2.00	x						0.	0.	0.
(10) MR. D. KINNEAR DIRECTOR	2.00	x						0.	0.	0.
(11) MS. K. KOZLOWSKI DIRECTOR	2.00	x						0.	0.	0.
(12) MRS. A. NIKITAS EXECUTIVE DIRECTOR	20.00			x				60,000.	0.	0.
132007 01-23-12						7				Form 990 (2011)

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Form 990 (2011) CANCER R	ESEARCH	FC	UUC	NDA	AT:	101	1		36-23	385	213	Pa	age 8
Part VII Section A. Officers, Directors, Tru		nplo	oyee			High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatio	e ion ed
1b Sub-total					<u> </u>	►		60,000.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A	·····		·····				0. 60,000.		0.			0.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	lose	liste	ed al	bove	e) wr		eceived more than \$100	1,000 of reportabl	e		Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s	uch individual							-			3		x
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
rendered to the organization? If "Yes," corr Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		Х
Complete this table for your five highest co the organization. Report compensation for										ipens	ation f	rom	
(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	ervices	C	(C compe		n
							_						
							_						
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	iot lii	mite	d to		se lis 0	sted	above) who received m	nore than		_	000	
											Form	99U (2	2011)

132008 01-23-12

Pa	t VII	I Statement of Reve	nue		-			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	404,673.				
<u>ou</u>	b	Membership dues	1b					
Αr.(С	Fundraising events	1c					
lar Git	d	Related organizations	1d					
ns,		Government grants (contribut	· ·					
e Fi	f	All other contributions, gifts, gran		<i></i>				
ĕ₹		similar amounts not included abo	ove 1f	641,958.				
lag	-	Noncash contributions included in lines			1 046 621			
<u>a</u> 0	h	Total. Add lines 1a-1f			1,046,631.			
				Business Code				
/ice	2 a							
Ser	b							
E P	C L							
Program Service Revenue	d							
Pro	e f	All other program service reve	20110					
-	3	Investment income (including						
		other similar amounts)			165,689.			165,689.
	4	Income from investment of ta						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) .		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1798775.					
	b	Less: cost or other basis	1726702					
		and sales expenses	61,993.					
		Gain or (loss)	-		61,993.			61,993.
		Net gain or (loss) Gross income from fundraisin			01,555.			01,555
Other Revenue	0 a	including \$						
evel		contributions reported on line						
Ř.		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		>				
		Gross income from gaming a						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gan	ning activities	►				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 а ь							
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,274,313.	0.	0	. 227,682.
13200 01-23-				····· F	,	- •		Form 990 (2011)

CANCER RESEARCH FOUNDATION

Form 990 (2011)

36-2385213 Page 9

CANCER RESEARCH FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

comp	Diete columns (B), (C), and (D).				
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	475 000	475 000		
-	organizations in the United States. See Part IV, line 21	475,000.	475,000.		
2	Grants and other assistance to individuals in				
•	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60,000.	33,000.	18,000.	9,000.
•	trustees, and key employees	00,000.	55,000.	10,000.	9,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		59,259.	32,593.	17,778.	8,888.
7	Other salaries and wages Pension plan accruals and contributions (include		54,555.	±1,110•	0,000.
8					
9	section 401(k) and section 403(b) employer contributions)				
9 10	Other employee benefits	8,997.	4,948.	2,699.	1,350.
11	Payroll taxes Fees for services (non-employees):		1,5101	2,055.	1,550.
a	Management				
a b					
c	Legal Accounting	14,150.	5,660.	5,660.	2,830.
d			5,0001		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12 12	Advertising and promotion	30,147.			30,147.
13	Office expenses	,			
14	Information technology	3,394.	2,715.		679.
15	Royalties	-	-		
16	Occupancy	11,165.	4,466.	4,466.	2,233.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	144.	144.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	968.	968.		
23	Insurance	2,237.	1,119.	895.	223.
24	Other expenses. Itemize expenses not covered				
	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 0.)				
а	PRINTING AND PUBLICATIO	6,706.	5,365.	0.	1,341.
b	POSTAGE AND SHIPPING	3,249.	1,300.	1,300.	649.
с	TELEPHONE	2,429.	972.	972.	485.
d	MISCELLANEOUS	440.	176.	176.	88.
е		105.	35.	35.	35.
25	Total functional expenses. Add lines 1 through 24e	678,390.	568,461.	51,981.	57,948.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	10 100			0 000
	Check here if following SOP 98-2 (ASC 958-720)	10,100.	8,080.	0.	2,020.
13201	0 01-23-12				Form 990 (2011)

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Forr	n 990	(2011)) CANCER
Pa	rt X	Ba	lance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			591,358.	1	812,968.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			31,662.	4	98,747.
	5	Receivables from current and former officers, of					/
	-	employees, and highest compensated employ					
		of Schedule L				5	
	6	Receivables from other disgualified persons (a		l l l l l l l l l l l l l l l l l l l		_	
		4958(f)(1)), persons described in section 4958					
		employers and sponsoring organizations of se		-			
		employees' beneficiary organizations (see instr				6	
Assets	7	Notes and loans receivable, net		r		7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			906.	9	1,899.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>5,153.</u> 2,643.			
	b	Less: accumulated depreciation	10b	2,643.	3,478.	10c	2,510.
	11	Investments - publicly traded securities			5,845,349.	11	6,162,878.
	12	Investments - other securities. See Part IV, line		r		12	
	13	Investments - program-related. See Part IV, line		r f		13	
	14	Intangible assets			1 800	14	
	15	Other assets. See Part IV, line 11			1,700.	15	1,700.
	16	Total assets. Add lines 1 through 15 (must eq			6,474,453.	16	7,080,702.
	17	Accounts payable and accrued expenses		ſ	<u>1,634</u> . 237,500.	17	9,544. 150,000.
	18	Grants payable			237,500.	18	150,000.
	19 00	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21 22	Escrow or custodial account liability. Complete Payables to current and former officers, directed		1		21	
ilidi	22	highest compensated employees, and disgual					
Lia			•			22	
	23	Secured mortgages and notes payable to unre		ſ		23	
	24	Unsecured notes and loans payable to unrelat		T T		24	
	25	Other liabilities (including federal income tax, p		r i i i i i i i i i i i i i i i i i i i			
		parties, and other liabilities not included on line	•				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			239,134.	26	159,544.
		Organizations that follow SFAS 117, check I	nere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			5,493,392.	27	6,112,147.
Bala	28	Temporarily restricted net assets			31,662.	28	98,746.
lpu	29				710,265.	29	710,265.
ЪЦ		Organizations that do not follow SFAS 117,	check h	ere 🕨 📖 and 🛛			
Net Assets or Fund Balances		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current fund				30	
As	31	Paid-in or capital surplus, or land, building, or e		r		31	
Vet	32	Retained earnings, endowment, accumulated		F	6 925 910	32	
-	33	Total net assets or fund balances			6,235,319.	33	6,921,158. 7,080,702.
	34	Total liabilities and net assets/fund balances			6,474,453.	34	/,000,/02•

Form 990 (2011)

Form 990 (

Form	990 (2011) CANCER RESEARCH FOUNDATION	36-238	35213	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,274				
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.		
3	Revenue less expenses. Subtract line 2 from line 1	3	595		23.		
4	······································						
5							
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				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	О.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				1		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
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 Audit					
	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	ired audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b				
			Form S	990 ()	2011)		

132012 01-23-12

SCHEL	JULE A	Pub	lic Charity St	tatus :	and P	ublic	Sunn	ort		OIVIB INU.	1545-00	4/
(Form 99	0 or 990-EZ)	r un		latus		ublic	Supp			20	111	
		Comple	te if the organization is	a section	501(c)(3)	organizat	tion or a s	ection		LU	′ – –	1
Department o			4947(a)(1) no	onexempt	charitable	e trust.				Open t		
Internal Rever	nue Service	► At	tach to Form 990 or Fo	orm 990-E2	Z. 🕨 See	separate	instructio	ons.		Inspe	ection	
Name of t	he organizati	on							Employer	identificat	ion nu	mber
			RESEARCH FOU							6-2385	213	1
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions	i.			
The organ	ization is not a	a private foundation	because it is: (For lines ⁻	1 through ⁻	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3			tal service organization	-	in section	170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)	(iii). Enter t	the hospita	l's nam	ne,
	city, and stat				•				. ,			
5	-		benefit of a college or ur	niversitv ov	wned or or	perated by	a governr	nental u	nit describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6			ent or governmental uni	t described	d in sectio	n 170(b)(1	1)(A)(v).					
7								r from th	ne general	public desc	ribed	in
	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	-		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X			eives: (1) more than 33			rom contri	butions m	embers	hin fees a	nd aross re	ceints	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.											
		509(a)(2). (Complete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			y the or	gamzation		, 101	0.
10			perated exclusively to te	st for publi	ic safaty (See sectio	n 500(a)(4	n				
11			perated exclusively to te						rny out the	nurnosas	ofone	or
			ations described in section									0i
			organization and compl				_). 066 360				linat	
	a Type I	· ·			e III - Func		tograted		d] Type III - (Othor	
e 🗌	• •		t the organization is not	• •		•	-	moro d				'n
e												
4			han one or more publicly						09(a)(1) 01	Section 50	n(a)(2).	
f	U U		ten determination from t									
		rganization, check th									•••••	. 🖵
g	•		organization accepted ar			•		•.			Vee	
			irectly controls, either al								Yes	No
			upported organization?								+	<u> </u>
			n described in (i) above?									──
	. ,	A 35% controlled entity of a person described in (i) or (ii) above?										
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
		İ	(iii) Type of	a		() 51 (()	la tha			
	of supported	(ii) EIN	organization		organization sted in your		ion in col.	lorganiza	Is the tion in col.		nount o	of
orga	anization		(described on lines 1-9		document?		r support?	(i) orgar	ized in the .S.?	support		
			above or IRC section	· ·		., ,						
			(see instructions))	Yes	No	Yes	No	Yes	No			
		1		1	I	I	1	1	1 1			

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

Schedule A (Form 990 or 990-EZ) 2011

I

OMB No. 1545-0047

132021 01-24-12

Total

SCHEDULE A

09431026 758290 4580210

Schedule A (Form 990 or 990-EZ) 2011

Concaulo	
Part II	Supp

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.)

Calendar year (or fiscal year beginning in) > (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (c) 2009 (d) 2010 (e) 2011 (f) Total 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (c) 2009 (c) 2009 (c) 2010 (c) 2011 (f) Total 3 The value of services or facilities furnished by a governmental unit to the organization without charge include any support sore (other than a governmental unit or public) supported comparization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 6 Public support. Storak time 5 tom line 4. (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 8 A coress income from interest, dividends, payments received on securities loans, ents, royalies and income from interest and or securities loans, ents, royalies and locume. The securities of the organization into undegrain or load copiant securities load in the seal or capital aseste (Explain in Part IV) 1	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants.') Image: Construction of the organization's benefit and either paid to or expended on its behalf 2 Tax revues levied of the organization ization's benefit and either paid to or expended on its behalf Image: Construction of the organization'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 Image: Construction of the organization's benefit and either paid to 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) Image: Construction of the organization's included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization's included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization's included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization's included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization s first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization check this box and stop here 9 Net income of public Support Percentage Image: Construction of Public Support Per	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Include any "unusual grants.") Tax revenues levied for the organization is behalf Tax revenues levied for the organization is the behalf Tax revenues levied for the organization is the behalf Tax revenues levied for the organization is through 3 The value of services or facilities tunished by a governmental unit to the organization without charge Tax and the set through 3 The value of services or facilities tunished by a governmental unit to the organization without charge Tax and the set through 3 The value of services or facilities tunished by a governmental unit to the organization without charge Tax and the set through 3 The value of services or facilities tunished by a governmental unit to tunished by a governmental unit to tunished to a governmental unit to tunished to governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, columm (f) Celledar year (or fiseal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Section B. Total Support Celledar year (or fiseal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, ryoyatiles and income from similar sources sativities, whether or not the business is regularly carried on or loas from the sale of capital assets (Explain in Part IX) composed to reparations (b) the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Support percentage for 2011 (ine 6, column (f)) (d) divided by line 11, column (f)) (d) (f) fuels support percentage for 2011 (ine 6, column (f) d	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to ther organization without charge Image: the value of services or facilities furnished by a governmental unit to publicly supported organization included on its behalf 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) Image: the province of t		membership fees received. (Do not						
is barefit and either paid to or expended on its behalf image: image		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge		or expended on its behalf						
the organization without charge Image: 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, colurm (f) Image: column (f) 6 Public support. Subtract line 5 hom line 4. Image: column (f) Image: column (f) 7 Amounts from line 4 Image: column (f) Image: column (f) Image: column (f) 7 Amounts from line 4 Image: column (f) Image: column (f) Image: column (f) 7 Amounts from line 4 Image: column (f) Image: column (f) Image: column (f) 7 Amounts from line 4 Image: column (f) Image: column (f) Image: column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources Image: column (f) Image: column (f) 9 Net income from unrelated business activities, whether or not the business is regularly carried on income from related activities, etc. (see instructions) Image: column (f) Image: column (f) 11 Total support, Add lines 7 through 10 Image: column (f) Image: column (f) Image: column (f) Image: column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: column (f) Image: column (f) Image: column (f) Image: column (f) 13 First five gears. If the	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 5 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) 6 6 Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 6 2 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 6 2 (d) 2010 (e) 2011 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from sinilar sources 9 Net income from inrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the alael of capital assets (Explain in Part IV) 12 12 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 9 4 Public support percentage for 2011 (in the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.		furnished by a governmental unit to						
5 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) Image: Content of the content o		the organization without charge						
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) 6 Public support. Subtract line 5 from line 4 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Public support text - 2011 (line 6, column (f) divided by line 11, column (f)) 14 <u>15</u> 9 Aublic support text - 2011. (If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support text - 2010. If the organization id not check to a con on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	4	Total. Add lines 1 through 3						
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on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support test - 2011. (If not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stopic test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		governmental unit or publicly						
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and income from similar sources		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 9 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 % 16 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		securities loans, rents, royalties						
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11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage ▶ 14 % 15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ▶		or loss from the sale of capital						
11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage ▶ 14 % 15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ▶		assets (Explain in Part IV.)						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > Section C. Computation of Public Support Percentage 14 % 15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box >	11							
 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))			etc. (see instruct	ions)		•	12	
organization, check this box and stop here Section C. Computation of Public Support Percentage 4 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 5 Public support percentage from 2010 Schedule A, Part II, line 14 5 Public support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and 5 stop here. The organization qualifies as a publicly supported organization 6 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	13	First five years. If the Form 990 is for	the organization'				ion 501(c)(3)	
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ■								
15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ● b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ●	Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	14	Public support percentage for 2011 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	15	Public support percentage from 2010	Schedule A, Part	t II, line 14			15	%
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	16a	33 1/3% support test - 2011. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check th	is box and
		stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
and step here. The experimentation qualifies as a publicly supported experimental	b	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, che	ck this box
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization								
meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2010. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	r 17a, and line 1	5 is 10% or
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the		more, and if the organization meets th	ne "facts-and-circu	umstances" test, o	heck this box and	stop here. Explai	in in Part IV how	v the
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							

Schedule A (Form 990 or 990-EZ) 2011

09431026 758290 4580210

Schedule A (Form 990 or 990-EZ) 2011 CANCER RESEARCH FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

09431026 758290 4580210

45802101

(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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	· · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1000000			-	4.9.4.5.5.4	
	include any "unusual grants.")	1296071.	910,189.	957,948.	788,906.	1046631.	4999745.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
л	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1296071.	910,189.	957,948.	788,906.	1046631.	4999745.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0. 4999745.
	Public support (Subtract line 7c from line 6.) ction B. Total Support						4999745.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(0) 2000	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1296071.	910,189.	(c) 2009 957,948.	788,906.	1046631.	4999745.
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	171,567.	176,213.	171,360.	173,808.	165,689.	858,637.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	171,567.	176,213.	171,360.	173,808.	165,689.	858,637.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)	1467638.	1086402.	1129308.	962,714.	1212320.	5858382.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_							>
	ction C. Computation of Publ						05 24
	Public support percentage for 2011 (olumn (f))		15	85.34 %
	Public support percentage from 2010					16	85.27 %
	ction D. Computation of Investor					17	14.66 %
	Investment income percentage for 20 Investment income percentage from 2					17	$\frac{14.66}{14.73}$ %
	1 33 1/3% support tests - 2011. If the						
130	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			-		-	
	23 01-24-12		;			edule A (Form 99) or 990-EZ) 2011
				15			-

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

N	lame	of	the	orga	nization
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36	-23	85	213

Organization	type	chock	one).
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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

CANCER RESEARCH FOUNDATION

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 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 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J 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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2011)

Employer identification number

36-2385213

Person Payroll

Noncash

(d)

Type of contribution

X

CANCER RESEARCH FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (b) **Total contributions** No. Name, address, and ZIP + 4 1 GLORIA A. BORNSEN TRUST 275,000. 255 MAY AVE. \$

		Ψ	
	GLEN ELLYN, IL 60137		(Complete Part II if there is a noncash contribution.)
(a)	(h)	(a)	(a)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF MARY JANE WILKIN		Person X Payroll
	115 S SIXTH ST PO BOX 100	\$	Noncash
	MARSHALL, IL 62441		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	STANFORD GOLDBLATT 35 W. WACKER DRIVE CHICAGO, IL 60601	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ANONYMOUS VIA NETWORK FOR GOOD 7920 NORFOLK AVE SUITE 520 BETHESDA, MD 20814	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$Schedule B (Form	Person Payroll Payroll Complete Part II if there is a noncash contribution.)
120402 01-2	17		000, 000 LL, 01 000 11 / (2011)

Employer identification number

36-2385213

CANCER RESEARCH FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		—	
		(¢	
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		_	
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		—	
		<u> </u>	
453 01-23	2.10	\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (20

09431026 758290 4580210

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NCER F	RESEARCH FOUNDATION		36-2385213
rt III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	vidual contributions to section 501(c)(the following line entry. For organization tc., contributions of \$1,000 or less for t nal space is needed.	7), (8), or (10) organizations that total more than \$1,000 for a scompleting Part III, enter he year. (Enter this information once.) \$\$
No. om ırt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>rt I</u>			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.			
om rtl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

(Form 990)

Department of the Treasury

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. ► See separate instructions

OMB No. 1545-0047
2011
Open to Public Inspection

Interna	Revenue Service			Порессіон	
Nam	e of the organization CANCER RESEARCH FOUNDA	TION	Em	ployer identification n 36-238521	
Pa	rt I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds o	or Acco	unts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Fu	nds and other accounts	3
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 writing t	hat the assets held in donor advised	d funds		
	are the organization's property, subject to the organization's exclusiv	ve legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be u	sed only		
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose co	onferring		
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the organization	on answered "Yes" to Form 990, Pa	t IV, line 7		
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).			
	Preservation of land for public use (e.g., recreation or educatio	n) Preservation of an histo	rically imp	oortant land area	
	Protection of natural habitat	Preservation of a certifi	ed historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of	a conserv	vation easement on the	last
	day of the tax year.				
				Held at the End of the T	ax Year
а	Total number of conservation easements				
b					
c	Number of conservation easements on a certified historic structure in				
d	Number of conservation easements included in (c) acquired after 8/1				
~	listed in the National Register				
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the c	organizatio	on during the tax	
4	year ► Number of states where property subject to conservation easement				
- 5	Does the organization have a written policy regarding the periodic m				
Ŭ	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en				
7	Amount of expenses incurred in monitoring, inspecting, and enforcin				
8	Does each conservation easement reported on line 2(d) above satisf				
	and section 170(h)(4)(B)(ii)?	· · · · · ·		Yes	No
9	In Part XIV, describe how the organization reports conservation ease				d
	include, if applicable, the text of the footnote to the organization's fir	ancial statements that describes th	e organiza	ation's accounting for	
	conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art,		ner Simi	lar Assets.	
	Complete if the organization answered "Yes" to Form 990, Pa				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),				
	historical treasures, or other similar assets held for public exhibition,		e of publi	c service, provide, in Pa	art XIV,
	the text of the footnote to its financial statements that describes the				
b	If the organization elected, as permitted under SFAS 116 (ASC 958),				
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of publ	c service,	provide the following a	mounts
	relating to these items:		•	•	
	(i) Revenues included in Form 990, Part VIII, line 1		📘	¢	
~	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical treasures, the following amounts required to be repeated under SEAS 116 (ASC		jain, provi	UE	
	the following amounts required to be reported under SFAS 116 (ASC Bevenues included in Form 990, Part VIII, line 1			\$	
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		····· 5	\$	
5				*	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

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		RESEARCH FO				2385213 _{Page} 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Similar As	sets (continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	e	U Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purpose in	Part XIV.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	on answered "Yes" t	o Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributior	ns or other assets no	ot included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:		·	
						Amount
с	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			Yes No
	If "Yes," explain the arrangement in Part XIV.					
Pa	t V Endowment Funds. Complete i					
		(a) Current year	(b) Prior year		(d) Three years b	
1a	Beginning of year balance	1,759,516.	1,645,264.	1,293,133	. 1,645,0	08.
b	Contributions					
	Net investment earnings, gains, and losses	131,904.	128,445.	364,955	-338,8	79.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	15,270.	14,193.			
g	End of year balance	1,876,150.	1,759,516.		1,293,1	33.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment 100.00	%				
С	Temporarily restricted endowment	%				
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should					
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations					3b
4	Describe in Part XIV the intended uses of the					
Pai	t VI Land, Buildings, and Equipm	1	· · · · · ·			
	Description of property	(a) Cost or ot				(d) Book value
		basis (investm	ient) basis	(other) d	epreciation	
	Land					
	Buildings					
	Leasehold improvements					
	Equipment				2 (12	0 510
	Other			5,153.	2,643.	2,510.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	x, column (B), line 1	U(c).)	▶	2,510.
					Sched	lule D (Form 990) 2011

132052 01-23-12

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CANCER RESEARCH FOUNDATION

Part VII Investments - Other Securities. See	e Form 990, Part X, line	9 12.	
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		Method of valuation: end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3) (4)			
(4) (5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, J			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		.,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	25.)		
 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to FIN 48 (ASC 740). 	the organization s financial sta	atements that reports the organization	is inability for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 2011

	dule D (Form 990) 2011 CANCER RESEARCH FOUNDATIO					<mark>2385213</mark> _{Ра}	age 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990) to Audited	Financial	Staten	nent	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			1,274,3	13.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			678,3	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			595,9	
4	Net unrealized gains (losses) on investments					89,9	16.
5	Donated services and use of facilities						
6	Investment expenses						
7	Prior period adjustments						
8	Other (Describe in Part XIV.)						
9	Total adjustments (net). Add lines 4 through 8					89,9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9	10			685,8	39.
Pai	t XII Reconciliation of Revenue per Audited Financial State	ments With	Revenue	per Re	turr		
1	Total revenue, gains, and other support per audited financial statements				1	1,212,3	20.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities						
с	Recoveries of prior year grants						
d	Other (Describe in Part XIV.)						
	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	1,212,3	20.
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 XIV.)	4b	61,9	93.			
с	Add lines 4a and 4b			L	4c	61,9	93.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,274,3	13.
Pa	t XIII Reconciliation of Expenses per Audited Financial State				Retu		
-							
1	Total expenses and losses per audited financial statements			L	1	678,3	90.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1	678,3	90.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			1	678,3	90.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			1	678,3	90.
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			1	678,3	90.
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			1	678,3	90.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d			1 2e		0.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d				678,3	0.
2 b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :	2a 2b 2c 2d			2e		0.
2 b c d 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d			2e		0.
2 b c 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	2a 2b 2c 2d 2d			2e		<u>0.</u> 90.
2 b c d e 3 4 b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b			2e 3 4c	678,3	<u>0.</u> 90.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2a 2b 2c 2d 2d 4a 4b			2e 3		<u>0.</u> 90.
2 a b c 3 4 a 5 Pa	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information	2a 2b 2c 2d 2d 4a 4b			2e 3 4c 5	678,3	0. 90. 0. 90.
2 a b c d e 3 4 a b c 5 Pai Com	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	2a 2b 2c 2d 2d 4a 4b	nd 4; Part IV,		2e 3 4c 5 and 2	678,3 678,3 2b; Part V, line 4; F	0. 90. 0. 90.
2 a b c d e 3 4 a b c 5 Pa Com X, lin	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	2a 2b 2c 2d 2d 4a 4b art III, lines 1a ar omplete this pa	nd 4; Part IV, rt to provide a	lines 1b	2e 3 4c 5 and 2 tional	678,3 678,3 2b; Part V, line 4; F information.	0. 90. 0. 90.
2 a b c d e 3 4 a b c 5 Pa Com X, lin	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	2a 2b 2c 2d 2d 4a 4b art III, lines 1a ar omplete this pa	nd 4; Part IV, rt to provide a	lines 1b	2e 3 4c 5 and 2 tional	678,3 678,3 2b; Part V, line 4; F information.	0. 90. 0. 90.
2 a b c d e 3 4 a b c 5 Par Com X, lin PAR	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2 ; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c 3 CT V, LINE 4 : AMOUNT HELD AS A PERMANENT	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 Par Com X, lin PAR	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 PAI Com X, lin PAI	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) † XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c RT V, LINE 4: AMOUNT HELD AS A PERMANENT ENCIPAL MUST BE KEPT INTACT IN PERPETUITY	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 PAI Com X, lin PAI	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2 ; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c 3 CT V, LINE 4 : AMOUNT HELD AS A PERMANENT	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 Pai Com X, lin PAI	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) † XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c RT V, LINE 4: AMOUNT HELD AS A PERMANENT ENCIPAL MUST BE KEPT INTACT IN PERPETUITY	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 Pai Com X, lin PAI	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) † XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c RT V, LINE 4: AMOUNT HELD AS A PERMANENT ENCIPAL MUST BE KEPT INTACT IN PERPETUITY	2a 2b 2c 2d 2d 4a 4b art III, lines 1a an omplete this pa SOURCE	nd 4; Part IV, I rt to provide a OF INCC	lines 1b my addi ME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE	0. 90. 90. Part
2 a b c d e 3 4 a b c 5 Par Com X, lin PAR PR: LAI	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) † XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c RT V, LINE 4: AMOUNT HELD AS A PERMANENT ENCIPAL MUST BE KEPT INTACT IN PERPETUITY	2a 2b 2c 2d 2d art III, lines 1a an omplete this pa SOURCE Y AND IN	nd 4; Part IV, 1 rt to provide a OF INCC COME DE	lines 1b my addi DME ,	2e 3 4c 5 and 2 tional WHI	678,3 678,3 2b; Part V, line 4; F information. ERE THE IS USED F	0. 90. 90. Part OR

INCOME. ON FORM 990, THE REALIZED GAINS ARE INCLUDED IN THE NET INCOME

FIGURE.

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132054 01-23-12 Schedule D (Form 990) 2011

23

SCHEDULE I (Form 990)				Other Assistance	•			⊢	OMB No. 15	
5 · · · // · ·		Compl	ete if the organizatio	s, and Individuals n answered "Yes'					Open to	
Department of the Treasury Internal Revenue Service		Comp		Attach to For	-	1 1 1, inic 2 1 01 22.			Inspec	
Name of the organization CANCER RESEARCH FOUNDATION Employer ident 36									entificatio 36-238	
Part I General Ir	nformation on Grants a	nd Assistance								
criteria used to a	zation maintain records t award the grants or assis	stance?							Yes	No No
	IV the organization's pro					anization answered "Y	les" to Form 990 Part	t IV line 21 fo	r anv	
Grants an	hat received more than \$									
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Pu	rpose of g assistance	
UNIVERSITY OF CHI 5841 S. MARYLAND CHICAGO, IL 60637	AVE	36-2177139		475,000.	0.			TO FUND RE EMERGING C THERAPIES/	ANCER	IN
3 Enter total numb	per of section 501(c)(3) a per of other organization	s listed in the line [.]	1 table	e line 1 table						

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

Calaaduda I	(Faure 000	١	004	
Schedule I	100000	, ,	201	

CANCER RESEARCH FOUNDATION

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATION RECORDS ALL GRANTS DISPERSED AND

HAS SUPPORTING DOCUMENTATION FROM THE PARTIES RECEIVING THE GRANTS.

ORGANIZATION'S BOARD OF DIRECTORS DISCUSSES AND MEETS WITH SPECIALISTS TO

DETERMINE WHICH RESEARCHER WILL RECEIVE GRANTS. AFTER THE GRANTS, THE

ORGANIZATION FOLLOWS THE PROGRESS OF THE RESEARCH CONTINUOUSLY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

89,916.

45802101

CANCER RESEARCH FOUNDATION

Employer identification number 36-2385213

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

501(C)(3)

FORM 990, PART VI, SECTION A, LINE 2: MERLE GOLDBLATT COHEN, STANFORD J.

GOLDBLATT, JEREMY S. GOLDBLATT AND ALEXANDRA NIKITAS ARE FAMILY MEMBERS

FORM 990, PART VI, SECTION A, LINE 8B: THERE IS THE GOVERNING BODY, WHICH HAS DOCUMENTED ITS MEETINGS. THERE IS ALSO AN AUDIT COMMITTEE, WHICH

HOWEVER, HAD NO RECORDED MINUTES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS COMPLETED BY

THE ACCOUNTANT AND SUBMITED TO THE GOVERNING BODY FOR QUESTIONS AND

COMMENTS. ONCE THE RETURN WAS SIGNED BY ORGANIZATION, THE RETURN WAS

FILED.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS USED

AVAILABLE DATA IN DECIDING AND APPROVING THE SALARY OF THE EXECUTIVE

DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT THE FOUNDATION WEBSITE, THROUGH A THIRD PARTY WEBSITE AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST BY CONTACTING THE ORGANIZATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2011)

 132211 01-23-12
 26

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Name of the organization

CANCER RESEARCH FOUNDATION

Employer identification number 36-2385213

Page 2

THE PROCESS FOR THE COMMITTEE CHOOSING AN INDEPENDENT AUDITOR HAS NOT

CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2011)

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132212 01-23-12 to file income tax returns.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

0 1

45802101

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print CANCER RESEARCH FOUNDATION X 36-2385213 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 3354 N. PAULINA ST, NO. 208 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60657

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL 02 Form 1041-A					08
Form 990-EZ 01 Form 4720					09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
• The books are in the care of \ge 3354 N PAULINA					
Telephone No. ► <u>312-630-0055</u>		FAX No.			
• If the organization does not have an office or place of business					
• If this is for a Group Return, enter the organization's four digit	1				
box ▶ If it is for part of the group, check this box ▶				ers the extension is	for.
NOVEMBER 15, 2012 , to file the exemp is for the organization's return for: □ □ □ calendar year or □ □ Calendar year or □ ▲ X tax year beginning APR 1, 2011 2 If the tax year entered in line 1 is for less than 12 months, c □ Change in accounting period	, an heck reas	d ending <u>MAR 31, 2012</u> on:	l retur	_ ·	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	-		0
nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,					0
estimated tax payments made. Include any prior year overp			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	-				0
by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal v			8879-		
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form 8868 (Re	v. 1-2012)
123841 01-04-12		28			

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	00-	70		
E	OO /	/ M _	-()	
Form				

IRS e-file Signature Authorization

for an Exempt Organization

For calendar year 2011, or fiscal year beginning APR 1 , 2011, and ending MAR 31 ,20 12

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.

See instructions.

1011

Employer identification number

36-2385213

CANCER RESEARCH FOUNDATION

Name and title of officer STANFORD J GOLDBLATT CHAIRMAN

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1274313
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize GOETTSCHE TRANEN WINTER AND RUSSO	to enter my PIN 85213 Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2011 electronically filed return. It is being filed with a state agency(ies) regulating charities as part of the IRS Fedenter my PIN on the return's disclosure consent screen.	1,5
As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state as program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature 🕨	Date
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	36834607383 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2011 electr confirm that I am submitting this return in accordance with the requirements of Pub. 416 <i>e-file</i> Providers for Business Returns.	
ERO's signature 🕨	Date
ERO Must Retain This Form - See Do Not Submit This Form To the IRS Unles	
LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11	Form 8879-EO (2011)

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GOETTSCHE, TRANEN, WINTER & RUSSO Certified Public Accountants 7383 N Lincoln Avenue Lincolnwood, Illinois 60712

October 26, 2012

CANCER RESEARCH FOUNDATION 3354 N. Paulina St No. 208 CHICAGO, IL 60657

CANCER RESEARCH FOUNDATION:

Enclosed is the organization's 2011 Illinois Form AG990-IL, Annual Financial Report. The report should be signed, dated, and mailed as indicated.

ILLINOIS FORM AG990-IL RETURN:

Mail to - Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Please sign and mail Form AG990-IL on or before November 15, 2012.

Enclose a check for \$115.

Make check payable to Illinois Charity Bureau Fund.

The Illinois return includes late filing penalty of \$100.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

GOETTSCHE, TRANEN, WINTER & RUSSO

	fice Use Only		Form AG990-IL Revised 3/05
PMT	Charitable Trust Bureau, 100 West Rando		# 01-001834
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	Report for the Fiscal Period:	X	Copy of IRS Return
	Beginning 04/01/2011	Make Checks X Payable to	Audited Financial Statements
			Copy of Form IFC \$15.00 Annual Report Filing Fee
	& Ending 03/31/2012	Charity Bureau Fund X	\$100.00 Late Report Filing Fee
Feder	al ID # 36-2385213 MO DAY YR		MO DAY YR
		ganization was create	
	LEGAL	Year-end	
	NAME CANCER RESEARCH FOUNDATION	amounts	
	MAIL	A) ASSETS	A) \$ 7,080,702.
	DDRESS 3354 N. PAULINA ST, NO. 208	B) LIABILITIES	B) \$ 159,544.
	Y, STATE CHICAGO, IL IP CODE 60657	C) NET ASSETS	C)\$ 6,921,158.
<u> </u>	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
. .	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	82.133%	D) \$ 1,046,631.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	17.867%	F) \$ 227,682.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,274,313.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	10 000.	02.461
	H) OPERATING CHARITABLE PROGRAM EXPENSE	13.777%	H)\$ 93,461.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
		/0	η φ
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	13.777%	J) \$ 93,461.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	8,080.	
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	70.019%	κ)\$ 475,000 .
	.,,		
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.796%	L) \$ 568,461.
			E1 001
	M) MANAGEMENT AND GENERAL EXPENSE	7.662%	M)\$ 51,981.
	N) FUNDRAISING EXPENSE	8.542%	N)\$ 57,948.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 678,390.
ш.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P)\$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	
	T) NAME, TITLE ALEXANDRA NIKITAS, EXECUTIVE DIRECTOR		T) \$ 60,000.
	U) NAME, TITLE:		U) \$
	V) NAME, TITLE:	-0)	V) \$
V .	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDIC CODE CATEGORIES	ε υ)	List on back side of instructions CODE
198091 05-01-11	W) DESCRIPTION: CANCER RESEARCH GRANTS AND PUBLIC AWAR	ENESS	W)# 052
91 05	X) DESCRIPTION:		X) #
1980	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	X	
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ 10,100. ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ 8,080. ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 2,020.			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	BANK OF AMERICA; 135 S LASALLE ST., CHICAGO, IL 60603			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ALEXANDRA NIKITAS - 312-630-0055			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS. INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	STANFORD J. GOLDBLATT	C				
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE			
2.) FOR FEES DUE SEE INSTRUCTIONS.	MERLE GOLDBLATT COHEN					
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE			
\$100.00 PENALTY.	GOETTSCHE TRANEN WINT	FER &				

PREPARER (PRINT NAME)