Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning APR 1, 2013 and ending MAR 31, 2014

Open to Public Inspection

В	Check if applicab	C Name of organization	D Employer identifi	cation number
Г	Addre	CANCER RESEARCH FOUNDATION		
Ē	Name		36-2	385213
	Initial return			<del></del>
	Termi ated	2224 N. LYOTINY 21		630-0055
	Amen	<ul> <li>City or town, state or province, country, and ZIP or foreign postal code</li> </ul>	G Gross receipts \$	2,371,159.
	Application pendi		H(a) Is this a group r	eturn
	pendi	F Name and address of principal officer: MERLE GOLDBLATT COHEN	for subordinates	s? Yes X No
		3354 N. PAULINA ST., CHICAGO, IL 60657	H(b) Are all subordinates i	ncluded? Yes No
				list. (see instructions)
_		te: ► HTTP: //WWW.CANCERRESEARCHFDN.ORG  forganization:   Corporation   Trust   Association   X   Other ► 501 (C  )	H(c) Group exemption	n number
	art I	forganization: Corporation Trust Association X Other ► 501 (CL)  Summary	rear of formation: 1934	M State of legal domicile; 11
	1	Briefly describe the organization's mission or most significant activities: FUNDING	CANCER RESEAR	CH TO EIND
Governance	'	A CURE		
ern	2	Check this box	nore than 25% of its net as	
8	3		3	11
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		11
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		2 0
₹	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		0.
_	<u> </u>	The differences taxable moonle from 1 offi 350 1, into 04	Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	1,313,440.	629,413.
ğ	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	350,749.	380,049.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,664,189.	1,009,462.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	665,000.	375,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	135,144.	141,018.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  56,795.	0.	0.
Ä			67,114.	73,818.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	867,258.	589,836.
	ı	Revenue less expenses. Subtract line 18 from line 12	796,931.	419,626.
Soci	1.0	Trevenide less expenses, cubitate interiorinine 12	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	8,167,566.	9,121,297.
Net Asse Fund Ball	21	Total liabilities (Part X, line 26)	254,375.	104,485.
<u>FE</u>	22	Net assets or fund balances. Subtract line 21 from line 20	7,913,191.	9,016,812.
1.050001.00		Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Date	
Sig		STANFORD J. GOLDBLATT, CHAIRMAN	Date	
Her	е	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date / Check	PTIN
Paid	d	GOETTSCHE TRANEN WINTER &	10/6/14 if self-employ	
Pre	parer	Firm's name GOETTSCHE TRANEN WINTER AND RUSSO	Firm's EIN	36-3476090
Use	Only	Firm's address 7383 N LINCOLN AVENUE		
_		LINCOLNWOOD, IL 60712	Phone no. 8 4	7-679-8500
Ma	y the l	RS discuss this return with the preparer shown above? (see instructions)	•	X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CANCER RESEARCH FOUNDATION MISSION IS TO RAISE FUNDS TO FUND BOTH
	EARLY-CAREER CANCER SCIENTISTS AND NEW DIRECTIONS IN CANCER SCIENCE
	RESEARCH WITH THE GOAL OF CONTRIBUTING TO TRANSFORMATIONAL EVENTS IN
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 375,000 • including grants of \$ 375,000 • ) (Revenue \$ 583,608 • )
	GRANTS TO SCIENTISTS AT UNIVERSITY MEDICAL CENTERS FOR CLINICAL AND
	LABORATORY RESEARCH ON VARIOUS PROJECTS
	2.024
4b	(Code:) (Expenses \$3 , 834 • including grants of \$) (Revenue \$)
	PRINTED NEWSLETTERS AND INTERNET DEVELOPMENT DETAILING RESEARCH FUNDED
	BY THE FOUNDATION, BREAKTHROUGHS IN RESEARCH BY FOUNDATION FUNDED
	SCIENTISTS AS WELL AS CURRENT CANCER INFORMATION. THIS INFORMATION IS
	ALSO AVAILABLE ON THE FOUNDATION WEBSITE.
4c	(Code:) (Expenses \$
	RELATED EXPENSES INCURRED LISTED IN III 4A ADJUSTED FOR NEWSLETTER
	EXPENSE LISTED SEPARATELY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 476 , 894 .
	Form <b>990</b> (2013)

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,	х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	9 ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	х	
<b>L</b>		12a	-21	
D	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				•

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

45802101

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison   Seco		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers?  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  8 In at least one is reported on line 2a, did the organization file all required federal employment tax returns?  8 Did the organization have unreaded business gross income of \$1,000 or more during the year?  8 Did the organization have unreaded business gross income of \$1,000 or more during the year?  9 A At any time the name of the foreign country (such as a bank account, securities account, or other financial account)?  9 A If "Yes," has it filed a Form 990.1 for this year? If "No," to fire 3b, provide an explanation in Schedule O.  9 B If "Yes," a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  9 A At any time the name of the foreign country.  9 B If "Yes," a fire the hand or fire foreign country.  9 B If "Yes," a fire the the name of the foreign country.  9 B If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  9 B If "Yes," to line 5a or 5b, did the organization file Form 88661?  9 B If "Yes," to line 5a or 5b, did the organization file Form 88661?  9 B If "Yes," to line 5a or 5b, did the organization file form 88661?  9 B If "Yes," to line 5a or 5b, did the organization file form 88661?  9 C Organizations that may receive deductible as charitable contributions?  9 B If "Yes," to line 5a or 5b, did the organization file form 88661?  9 C Organization shall may receive deductible contributions under section 170(c).  10 If the organization shall may receive deductible contributions and any shall be organization shall be presented to the payor?  10 If the organization shall may receive deductible contributions and shall be presented benefit contract?	b		1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturn.  **Note.** It has sum of lines 1a and 2a is greater than 250, you may be required to e-die (see instructions)  **Both the repairation have unreated business gross income of \$1,000 or more during the year?  **3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business pross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have unduring the year?  3a At any time during the calendary 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 accountly?  4a At any time there the name of the foreign country   ▶ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a						
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to ~ fell (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 accountly?  4a At any time the raine and the foreign country   Such as a bank account, securities account, or other financial accountly?  5b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes," to line 6a or 5b, did the organization notity the donor of the value of the goods or services provided?  5c If Yes," the foreign accounts in could be apparent in eccess of 575 made partly as contribution and partly for goods and services prov		filed for the calendar year ending with or within the year covered by this return	2a	2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif 17'es, *has it flied a Form 9901 for this year? if *\n^*\n, *\n^*\n far a p. provide an explanation in Schedule O  da 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 accounts)  bif 17'es, *\noterit the name of the foreign country: \bigs \Box \Box \Box \Box \Box \Box \Box \Box	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly. 4b If "Yes," enter the name of the foreign country.  5c in Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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 or or that were not tax deductible or this was one to a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 88861?  6c 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 deductibles?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the activation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate that any receive deductible contributions under section 170(c).  9 If "Yes," indicate the number of Forms 8882 filed during the year  1 If If Yes, "indicate the number of Forms 8882 filed during the year  2 If Use the organization, during the year, pay premiums, directly or indirectly, no payersonal benefit contract?  7 If X  7 If X  7 If Y  8 Sponsoring organization excluded a contribution of culafficid intellectual property, did the organization file Form 8899 as required?  8 If the organization received an contribution of culafficid intellectual property, did the organization file form 1098-07  8 Sponsoring or		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)s				
4a 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)?  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sale in If Yes, "to line 5a or 5b, did the organization that it was required any contributions unless or sale and the support of the goods and services provided to the payor?  Toganization that may receive deductible contributions under section 170(c).  Solid the organization receive a payment in excess of \$75 made partly as a contribution of the good or services provided?  To Did the organization receive apayment in excess of \$75 made partly as a contribution of partly as a c	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a 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 as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b Tyes, "Idd the organization notify the donor of the value of the goods or services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6b If "Yes," indicate the number of Forms 8282 filed during the year  6b If Yes, "indicate the number of Forms 8282 filed during the year  6b If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If X  7 If W Y S  7 Sponsoring organization maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations. Did the supporting organizations with great payments and payments of the payments of the payors of payments of the payments	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
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.  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X C If "Yes," to line Sa or 5b,	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital initiation fees and capital contributions fees sand and Initiation fees and capital contributions fees and capital and and 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 in more than one state?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Into Into Into Into Into Into Into Into	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Discovered by the control of the con$	id the sı	upporting			
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a					9a		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,					
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c Enter the amount of reserves on hand 13c 13c 14a 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	b		ا . ـ . ا				
14a     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 0     14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13c		4.6		v
							$\vdash$
	b	IT "Yes," has it filed a Form 720 to report these payments? IT "No," provide an explanation in Schedule	⊌∪			000	(2010)

Page 6

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

	to mile ed, es, er res selen, decembe the emetanees, proceedes, or changes in earliest ed.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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 arrangement with a			77
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	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 and records of the organizar	ion:		
	ALEXANDRA NIKITAS - 312-630-0055			
	3354 N PAULINA 208, CHICAGO, IL 60657			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					nou	(D)	(E)	(F)
Name and Title	Average		not c	Posi heck	ition more	than		Reportable	Reportable	Estimated
	hours per week	box offic	, unle: cer an	ss pe d a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au			ited		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	truste		8	suadı		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	nstitutional trustee	ľ	key employee	Highest compensated employee	 			organizations
	line)	Indivi	Instit	Officer	Key e	Highe emplo	Former			
(1) MR. S. GOLDBLATT	2.00									
CHAIRMAN	2 00	Х		Х				0.	0.	0.
(2) MRS. M. COHEN	2.00	x		х				0.	0.	0
PRESIDENT (3) MR. J. GOLDBLATT	2.00	^		Λ		<u> </u>		0.	0.	0.
TREASURER	2.00	х		х				0.	0.	0.
(4) MR. M. FREED	1.00	-							•	
DIRECTOR		х						0.	0.	0.
(5) MR. R. GOLDSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MR. T. SHIELDS	1.00								_	0
DIRECTOR	1.00	Х						0.	0.	0.
(7) MS. L. COHEN SCHENKMAN SECRETARY	1.00	x		х				0.	0.	0.
(8) MR. J. MICHAEL LOCKE	1.00			22				•	0.	<u></u>
DIRECTOR		x						0.	0.	0.
(9) MR. T. NOARD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MR. D. KINNEAR	1.00	,,							_	0
OIRECTOR (11) MS. K. KOZLOWSKI	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) MRS. A. NIKITAS	20.00	-								
EXECUTIVE DIRECTOR		1		х				63,000.	0.	0.
					$\vdash$	<u> </u>				
						L				

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	Estim amou		(F) timate tount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fro orga and	oensatom the anizati I relate nizatio	e on ed
		<u>=</u>	ši.	₩ O	Ke	宝宝	Fo						
								63.000		0			0
1b Sub-total  c Total from continuation sheets to Part V	II, Section A						<b>▶</b>	63,000. 0. 63,000.		0. 0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> </ul>							no r	•		_			(
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee.	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," con</li> </ul>	accrue compe	nsat	ion f	from	any	/ unr	elat		idual for services		5		X
Section B. Independent Contractors	ipiete Geriedar		0, 0	uon ,	pere						<u> </u>	l l	
1 Complete this table for your five highest co the organization. Report compensation for										ensa	ation fi	rom	
(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C	(C omper		1
Total number of independent contractors (     \$100,000 of compensation from the organ		ot li	mite	d to		se lis	stec	d above) who received n	nore than				
											Form <b>9</b>	990 (2	013

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Form 990 (2013) CANCER :
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respo	nse or	note to any lin	e in this Part VIII			
		Check if Schedule O conta	ωπιο α τ <del>σ</del> ομυ	A ISE OF	note to any III	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u> </u>	а	Federated campaigns	1a		401,169.				
P ar		Membership dues		,					
A,G		Fundraising events							
ぎる		Related organizations							
S,E		Government grants (contributi							
ig		All other contributions, gifts, grant							
the		similar amounts not included abov			228,244.				
ËĠ	а	Noncash contributions included in lines			,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			<b>&gt;</b>	629,413.			
					usiness Code				
0 2	а			T					
اھ ج	b								
S i	С								
e e e	d								
Program Service Revenue	е			_ [					
<u> </u>	f	All other program service reve	nue						
		Total. Add lines 2a-2f		_					
3		Investment income (including							
		other similar amounts)			▶	231,695.			231,695.
4		Income from investment of tax							
5		Royalties			<b>&gt;</b>				
			(i) Real		(ii) Personal				
6	а	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)							
7	а	Gross amount from sales of	(i) Securiti	ies	(ii) Other				
		assets other than inventory	1,510,0	051.					
	b	Less: cost or other basis							
		and sales expenses							
	С	Gain or (loss)	148,3	354.					
	d	Net gain or (loss)		<u></u>	<b>&gt;</b>	148,354.			148,354.
	а	Gross income from fundraising	g events (no	ot					
Other Revenu		including \$	of						
<u> </u>		contributions reported on line	•						
<u>ē</u>		Part IV, line 18							
∄│		Less: direct expenses							
		Net income or (loss) from fund	-		<b>&gt;</b>				
9	а	Gross income from gaming ac							
		Part IV, line 19							
		Less: direct expenses		_					
		Net income or (loss) from gam		s					
10	а	Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold		_					
	С	Net income or (loss) from sale:							
44	_	Miscellaneous Revenu			usiness Code				
11									
	b			-					
	c								
		All other revenue							
12		<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions.				1,009,462.	0.		380,049.
332009 10-29-13		Total Totoliue. Oce ilibil deliciis.				-,000,402.	٠٠]		Form <b>990</b> (2013)

# Form 990 (2013) CANCER RESEAR Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	375,000.	375,000.		
2	Grants and other assistance to individuals in	373,0001	373,000		
	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,	62 000	24 (50	10 000	0 450
	trustees, and key employees	63,000.	34,650.	18,900.	9,450
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	67,996.	37,398.	20 200	10,199
7	Other salaries and wages	01,330.	31,330.	20,399.	10,199
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_					
9	Other employee benefits	10,022.	5,512.	3,006.	1,504
10 11	Payroll taxes  Fees for services (non-employees):	10,022.	3,312.	3,000.	1,504
	, , , ,				
a b	Management				
C		14,875.	5,950.	5,950.	2,975
d		22,0,00	3,3301	3,3301	
e	D ( ' 1( 1 ' ' ' O D ' N ' ' 47				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	27,995.			27,995
13	Office expenses	•			<u> </u>
14	Information technology	2,260.	1,808.		452
15	Royalties	-	-		
16	Occupancy	11,873.	4,749.	4,749.	2,375
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	407.	407.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,001.	1,001.		
3	Insurance	2,498.	1,249.	999.	250
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	рома штома	5,000.	5,000.	0.	0
b	DOGERAGE AND GUIDDING	2,879.	1,152.	1,152.	575
c	PRINTING AND PUBLICATIO	2,533.	2,026.	0.	507
d	TELEPHONE	2,292.	917.	917.	458
	All other expenses	205.	75.	75.	55
5	Total functional expenses. Add lines 1 through 24e	589,836.	476,894.	56,147.	56,795
:6	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	4,793.	3,834.	0.	959

Form 990 (2013)

Part X | Balance Sheet

rt X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			188,554.	1	38,065.
2				2		
3				3		
4				15,831.	4	56,636
5						
	trustees, key employees, and highest compensations	ated em	loyees. Complete			
	Part II of Schedule L				5	
6						
	section 4958(f)(1)), persons described in section	1 4958(c	(3)(B), and contributing			
	employers and sponsoring organizations of sect	tion 501	c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8					8	
9				1,100.	9	0
10a	Land, buildings, and equipment: cost or other					
			6,632.			
b	Less: accumulated depreciation	10b	4,437.	1,717.	10c	2,195 9,022,570
11				7,958,664.	11	9,022,570
12	Investments - other securities. See Part IV, line 1			12		
13	Investments - program-related. See Part IV, line	11			13	
14				14		
15	Other assets. See Part IV, line 11	1,700.		1,831		
16					_	9,121,297
17						4,485
18		250,000.		100,000		
19					<b>-</b>	
l					<b>-</b>	
					21	
22						
l					_	
					24	
25						
	0 1 1 1 5	-	·		0.5	
26	***************************************			254 375.		104,485
20				231,373	20	101,103
			nore and			
27				7.187.096.	27	8,244,911
l						61,636
l				710,265.		710,265
				,		. = 3 , = 3 3
30				30		
31					31	
	. a.a or ouplied corplate, or large, ballang, or ou	12.5.1.1011				1
l		come c	other funds		32	
32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			7,913,191.	32	9,016,812
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Check if Schedule O contains a response or not  1	Check if Schedule O contains a response or note to any  1	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6, 632 10b 4, 437. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here    26 Organizations that follow SFAS 117 (ASC 958), check here    27 Tenter    28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here    20 Capital stock or trust principal, or current funds	Check if Schedule O contains a response or note to any line in this Part X    Reginning of year	Check if Schedule O contains a response or note to any line in this Part X

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8		58: 41: ,91:	9,8 9,6 3,1	62. 36. 26. 91. 95.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9	,01	6,8	12.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
1 2a	7 1		_ [	2a	Yes	No X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2b	Х		
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
b	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why in Schedule O and describe any steps taken to undergo such audits			3a 3b		X	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

			RESEARCH FOU						3	6-2385	213	
Part I			<b>ity Status</b> (All organiz					tructions.				
The organ  1	A church, con A school des A hospital or A medical res	nvention of churches cribed in <b>section 17</b> a cooperative hospi search organization o	because it is: (For lines 1 s, or association of church (O(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc hedule E.) described	ribed in <b>se</b> in <b>section</b>	ection 170	(b)(1)(A)(i) (A)(iii).		<b>i).</b> Enter	the hospita	l's nam	ne,
5	section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and to See section An organizati An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting or Since Augus (i) A perso the gove (ii) A family (iii) A 35% or	ton operated for the (b)(1)(A)(iv). (Complete, or local governm ion that normally rec b)(1)(A)(vi). (Complete trust described in some ion that normally received to its exempt further that normally received to its exempt further that normally received to its exempt further that normally received and operated organized and other than an agers and other that 17, 2006, has the continuous organized organized or industrial organization, check that 17, 2006, has the continuous organized o	ent or governmental unit eives a substantial part of the Part II.)  section 170(b)(1)(A)(vi). (eives: (1) more than 33 1 motions - subject to certal axable income (less sections) e Part III.)  perated exclusively to test organization and complete organization and complete organization is not than one or more publicly then determination from this box  organization accepted are injectly controls, either alients.	t described of its supp (Complete 1/3% of its ain exceptition 511 taust for public benefit on 509(a)(ete lines 1 ype III - Function 1 y supported the IRS that any gift or cone or togor (ii) above	d in section and Part II.) support from a support from such from but it safety. Such from but it safety. Such from sectionally differently one dorganized at it is a Tymontribution tether with the such from the su	on 170(b)(1) government rom contri 2) no more sinesses a See section rom 509(a)(2) n 11h. integrated or indirectly ations described repel, Type n from any persons of	butions, me than 33 1 acquired beneficions of, 2). See second by one or cribed in sull, or Type of the following the soul of the s	nembershi 1/3% of its 1/3% of its 1/3 or to carr 1 Typ 1 Typ 1 Typ 1 r more discection 50s 1 III  Owing pers in (ii) and (	p fees, as support anization by out the all - No qualified $\Theta(a)(1)$ or sons?	public description of the purposes of the box on-functional persons of the section 50% of the purpose of the purpose of the purpose of the purpose of the persons of the section 50% of the purpose of th	ceipts invest 30, 197 of one that the that 9(a)(2).	from tment 75. or
` '	of supported anization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the of in col. (i) list governing (	sted in your document?	organizat (i) of you	ion in col. support?	organizatio (i) organiz U.S	ed in the .?	<b>(vii)</b> Amoun sup	t of mo	netary
				Yes	NO	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2013 (I					14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o	0		•		,	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2013

332022 09-25-13

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

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

800	qualify under the tests listed be	elow, please comp	olete Part II.)				
	etion A. Public Support	(-) 0000	(I-) 0040	(-) 0044	(-1) 0040	(-) 0040	(6) T
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	057 040	788,906.	1046631.	1313440.	620 412	1726220
	include any "unusual grants.")	957,948.	700,900.	1040031.	1313440.	629,413.	4736338.
2	Gross receipts from admissions, merchandise sold or services performed, 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						
4	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	957,948.	788,906.	1046631.	1313440.	629,413.	4736338.
	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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						4736338.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	957,948.	(b) 2010 788, 906.	1046631.	(d) 2012 1313440.	(e) 2013 629, 413.	4736338.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,360.	173,808.	165,689.	216,740.	231,695.	959,292.
b	Unrelated business taxable income	-	-	-		-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	171,360.	173,808.	165,689.	216,740.	231,695.	959,292.
	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.)	1129308.	962,714.	1212320.	1530180.	861,108.	5695630.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here			·····	<u></u>	<u></u>	<b></b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2013 (li	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	83.16 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	84.74 %
Sed	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	16.84 %
	Investment income percentage from 2					18	15.26 %
	33 1/3% support tests - 2013. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						►X
b	33 1/3% support tests - 2012. If the						and
	lin - 40 int th 00 4 (00/						. $\square$
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op nere.</b> The orga	inization qualifies a	as a publicly suppo	orted organization	▶Ш

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

CANCER RESEARCH FOUNDATION

OMB No. 1545-0047

Name of the organization

Employer identification number

36-2385213

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	For an organization contributor. Compl	i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
Caution	. An organization th	nat is not covered by the General Bule and/or the Special Bules does not file Schedule B (Form 990, 990-FZ, 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) (2013)

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

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

Name of organization

Employer identification number

#### CANCER RESEARCH FOUNDATION

36-2385213

CANCE	R RESEARCH FOUNDATION	36	-2385213
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF MARY JANE WILKIN  115 S SIXTH ST PO BOX 100  MARSHALL, IL 62441	\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STANFORD GOLDBLATT  35 W. WACKER DRIVE  CHICAGO, IL 60601	\$5,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TROY & KERRI NOARD  1636 MONTEREY DRIVE  GLENVIEW, IL 60026	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ESTATE OF LUCILLE KARELLA  1701 GOLF ROAD  ROLLING MEADOWS, IL 60008	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESTATE OF PATRICIA DUNN  60 ORLAND SQUARE DRIVE  ORLAND PARK, IL 60462	\$34,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person Payroll Noncash (Complete Part II for
323452 10-2		Schedule B /Form	noncash contributions.)

#### CANCER RESEARCH FOUNDATION

36-2385213

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number 36-2385213 CANCER RESEARCH FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

2013
Open to Public Inspection

Name of the organization

CANCER RESEARCH FOUNDATION

Employer identification number 36-2385213

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	8.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Par			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			a.
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic structo	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year > \$
8	Does each conservation easement reported on line $2(d)$ above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
<b>D</b>	conservation easements.	Ant Illiatoria al Troncorro	He an O'mail an A a a da
Par	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(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 treas		ıl gain, provide
	the following amounts required to be reported under SFAS 116	· ·	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

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

	rt III Organizations Maintaining C	collections of Ar		easures or Oth	er Simil		ts/contin		ge Z
3	Using the organization's acquisition, accession								
3	(check all that apply):	on, and other record	s, check any or the	Tollowing that are a	signincant	use or its	COIIECTIOI	i iteiii	•
а	Public exhibition	d	Loan or evel	hango programe					
b									
C	•								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
5							Yes		N
Dai	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrange								No
rai	reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" to	Form 990	, Part IV,	ine 9, or		
10			ion, for contribution	as or other assets no	t included				
ıa	Is the organization an agent, trustee, custodi						7 ٧		N
	on Form 990, Part X?						<b>Yes</b>		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A		
					-		Amount		
	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				1f		1		
	Did the organization include an amount on Fo					∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if								1 .
		(a) Current year	(b) Prior year	`,	(d) Three		` ,	_	
1a	1a Beginning of year balance         1,520,531.         1,876,150.         1,759,516.         1,645,264.         1,293,13.						133.		
b	Contributions	-100,000.	-450,000.			00 445		264	0.5.5
С	Net investment earnings, gains, and losses	216,367.	107,923.	131,904.	]	128,445. 364,955.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	13,052.	13,542.			14,193.			823.
g	End of year balance	1,623,846.	1,520,531.	1,876,150.	1,7	759,516.	1,	645,	264.
2	Provide the estimated percentage of the curr	ent year end balanc	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	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		<u> </u>
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	Accumulate	ed	(d) Book	value	•
		basis (investm	nent) basis	(other) de	epreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other			6,632.	4,4	37.		2,19	
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B), line 1	0(c).)		ightharpoonup		2,19	95.

Schedule D	(Form 990) 2013	CANCER RESE	ARCH FOUNDA	MOITA			36-2385213	Page \$
	Investments - Ot							-9-2
		zation answered "Yes"	to Form 990, Part IV.	line 11b.	See Form 990,	Part X, line 12.		
(a) Descrip	tion of security or category		(b) Book value				or end-of-year market v	/alue
(1) Financia	al derivatives						<u> </u>	
` '	held equity interests							
(3) Other	noid oquity intorocto							
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)	1							
	b) must equal Form 990, P							
Part VIII	Investments - Pr	•						
		zation answered "Yes"						
	(a) Description of inv	restment	(b) Book value		(c) Method of v	/aluation: Cost c	or end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990, P	art X col (R) line 13 )						
Part IX	Other Assets.	art 7, coi. (b) iiiic 10.)						
I dit ix		zation answered "Yes"	to Form 000 Port IV	lino 11d	Soo Form 000	Dort V line 15		
	Complete ii the organi		Description	ille i iu.	See Form 990,	rant A, line 15.	(b) Book va	duo
		(a)	Description				(D) BOOK VA	liue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	ımn (b) must equal Form	990, Part X, col. (B) lin	e 15.)				▶	
Part X	Other Liabilities.							
	Complete if the organi	zation answered "Yes"	to Form 990, Part IV,	line 11e	or 11f. See Forn	n 990, Part X, lin	ne 25.	
1.		ription of liability			Book value			
	leral income taxes							
(2)	iciai income taxes					-		
						-		
(3)						-		
(4)						-		
(5)						-		
(6)						_		
(7)								
(8)								
(9)								
Total. (Colu	ımn (b) must equal Form	990, Part X, col. (B) lin	e 25.)					
	for uncertain tax position			ote to the	organization's	financial statem	ents that reports the	
	ation's liability for uncer	· ·			-		· · · · · · · · · · · · · · · · · · ·	XIII 🗀
. 3	,	,	, : :-/					

	edule D (Form 990) 2013 CANCER RESEARCH FOUNDATI				2385213 <sub>Page</sub>	4
Pai	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn	l <b>.</b>	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			0.61 1.00	_
1				1	861,108	<u>•</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments					
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d			•	
е	Add lines 2a through 2d			2e	0	
3	Subtract line 2e from line 1			3	861,108	<u>•</u>
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	110 0 - 1			
b	Other (Describe in Part XIII.)	4b	148,354.			
_	Add lines <b>4a</b> and <b>4b</b>			4c	148,354	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,009,462	<u>•</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1				500 006	_
1	Total expenses and losses per audited financial statements			1	589,836	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	0	
3	Subtract line 2e from line 1			3	589,836	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c	0	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	589,836	<u> </u>
Pa	rt XIII Supplemental Information.					Т
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,	
PAI	RT V, LINE 4:					_
EXI	PLANATION: AMOUNT HELD AS A PERMANENT SO	URCE OF	INCOME, WH	ERE	THE	_
PR.	INCIPAL MUST BE KEPT INTACT IN PERPETUIT	Y AND IN	COME DERIV	ED :	IS USED FOR	_
LAI	BORATORY RESEARCH.					_
						_
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:					_

REALIZED GAINS

SCHEDULE D, LINE 4B

EXPLANATION: ON THE FINANCIAL STATEMENTS, REALIZED GAINS ARE LISTED

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

IN THE NET INCOME FIGURE.

Schedule D (Form 990) 2013 CANCER RESEARCH FOUNDATION	36-2385213 Page 5
Part XIII   Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2013)

Employer identification number

CANCER RE	SEARCH FO	UNDATION					36-2385213
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?						tion X Yes N
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990 Part	IV line 21 for any
recipient that received more than		-			amzation anowered	100 101 0111 000,1 411	1V, III 6 2 1, 161 dily
(a) Name and address of organization or government	( <b>b)</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) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE CHICAGO, IL 60637	36-2177139		300,000.	0.			TO FUND RESEARCH IN EMERGING CANCER THERAPIES/CURES
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR ST LOUIS, MO 63130	43-0653611		75,000.	0.			TO FUND RESEARCH IN EMERGING CANCER THERAPIES/CURES
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information	on required in Part I, line	e 2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: ORGANIZATION RECOR	DS ALL GRAN	rs Disper:	SED AND HAS	SUPPORTING	
DOCUMENTATION FROM THE PARTIES				TION'S BOARD	
OF DIRECTORS DISCUSSES AND MEET	S WITH SPEC.	IALISTS TO	O DETERMINE	WHICH	
RESEARCHER WILL RECEIVE GRANTS.	AFTER THE	GRANTS,	THE ORGANIZ	ATION FOLLOWS	
THE PROGRESS OF THE RESEARCH CO	NTINUOUSLY.				

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CANCER RESEARCH FOUNDATION

**Employer identification number** 36-2385213

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

501(C)(3)

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

EXPLANATION: MERLE GOLDBLATT COHEN, STANFORD J. GOLDBLATT, JEREMY S.

GOLDBLATT AND ALEXANDRA NIKITAS ARE FAMILY MEMBERS

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THERE IS THE GOVERNING BODY, WHICH HAS DOCUMENTED ITS

THERE IS ALSO AN AUDIT COMMITTEE, WHICH HOWEVER, HAD NO RECORDED MEETINGS.

MINUTES.

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

EXPLANATION: 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 15A:

EXPLANATION: 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:

EXPLANATION: 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.

CANCER RESEARCH FOUNDATION	36-2385213
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS FOR THE COMMITTEE CHOOSING AN	INDEPENDENT
AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.	

# Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ⋅

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

OMB No. 1545-1709

ightharpoonup X

Form 8868 (Rev. 1-2014)

• 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 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 36-2385213 CANCER RESEARCH FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3354 N. PAULINA ST, NO. 208 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHICAGO, IL 60657 0 | 1 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 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 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) Form 8870 ALEXANDRA NIKITAS The books are in the care of > 3354 N PAULINA 208 - CHICAGO, IL 60657 Telephone No. ► 312-630 - 0055 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► calendar year ► X tax year beginning APR 1, 2013 , and ending MAR 31, 2014 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

## Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning  $\_APR 1$  , 2013, and ending  $\_MAR 31$  ,20  $\underline{14}$ 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. 2013

Name of exempt organization	Employer identification number
CANCER RESEARCH FOUNDATION	36-2385213
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 line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, the whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than 1 line in Part I.	hen leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	th 1.009.462.
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)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
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	**
(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in procest the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an edebit) entry to the financial institution account indicated in the tax preparation software for payment of the organizareturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at nstitutions involved in the I resolve issues related to the
·	to enter my PIN 85213
ERO firm name	Enter five numbers, b
Etto IIIII IIaine	do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 expending indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charing program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature	horize the aforementioned ERO to electronically filed return. If I have
/ / / / / / / / / / / / / / / / / / / /	
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 2013 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) e-file Providers for Business Returns.	Information for Authorized IRS
ERO's signature ► Date ►	9/30/14
ERO Must Retain This Form - See Instructions	

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

323051 10-01-13