### EXTENDED TO NOVEMBER 16, 2015

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning APR 1, 2014 and ending MAR 31, 2015

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	ו טו נוונ	2014 Calendar year, or tax year beginning 71111 1, 2014 and er	iding 11	MK 51, 2015					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addres	CANCER RESEARCH FOUNDATION							
	Name change	Doing business as		36-2	385213				
Г	Initial return	9	oom/suite	E Telephone numbe	r				
F	Final return/	2254 N DAIIT TNA CM   20	08	312-	630-0055				
_	termin ated			G Gross receipts \$	2,686,957.				
Г	Amend								
F	return Applic tion		rn.	H(a) Is this a group re					
_	Ition pendir	3354 N. PAULINA ST., CHICAGO, IL 60657	DTA.	for subordinates					
_	_			H(b) Are all subordinates included? Yes No					
		empt status: $X = 501(c)(3) = 501(c)(1) $ (insert no.) $4947(a)(1)$ or	<u></u> 527	,	list. (see instructions)				
_		HTTP://WWW.CANCERRESEARCHFDN.ORG	_	H(c) Group exemptio					
	_	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1954 N	<b>1</b> State of legal domicile: ${ t IL}$				
Р	art I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities: ${ t FUNDII}$	NG CA	NCER RESEAR	CH TO FIND				
ü		A CURE							
Ë	2	Check this box  if the organization discontinued its operations or dispose	d of more	than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11				
တ္	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			2				
iţie	6	Total number of volunteers (estimate if necessary)			0				
Activities & Governance	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.				
	, b	Net difference business taxable income from 1 offi 950-1, life 54		Prior Year	Current Year				
		Contributions and grants (Dort VIII line 1h)		629,413.	345,160.				
ne	8	Contributions and grants (Part VIII, line 1h)		0.00	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		380,049.	685,857.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	003,037.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,009,462.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,009,402.	1,031,017.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		375,000.	658,230.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		141,018.	141,358.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ă	·   b	Total fundraising expenses (Part IX, column (D), line 25)	4.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,818.	58,397.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		589,836.	857,985.				
	19	Revenue less expenses. Subtract line 18 from line 12		419,626.	173,032.				
Net Assets or	200		Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		9,121,297.	10,006,180.				
ASS	21	Total liabilities (Part X, line 26)		104,485.	329,045.				
Set	22	Net assets or fund balances. Subtract line 21 from line 20		9,016,812.	9,677,135.				
P	art II	Signature Block							
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			,				
	,								
Sig	n	Signature of officer		Date					
He		STANFORD J. GOLDBLATT, CHAIRMAN							
110	10	Type or print name and title							
		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN				
Pai	id	GOETTSCHE TRANEN WINTER &		1/06/15 if self-employ					
	parer				36-3476090				
	e Only			Firm's EIN	30 3470030				
U5(	Unity	Firm's address 7383 N LINCOLN AVENUE LINCOLNWOOD, IL 60712		Dhana na Q A	7-679-8500				
_		-		Priorie no.04					
ıvıa	ıy tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE 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 \$658,230 . including grants of \$658,230 . ) (Revenue \$373,709 . )
	GRANTS TO SCIENTISTS AT UNIVERSITY MEDICAL CENTERS FOR CLINICAL AND
	LABORATORY RESEARCH ON VARIOUS PROJECTS
4b	(Code:) (Expenses \$
	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.
	ALSO AVAILABLE ON THE FOUNDATION WEBSITE.
4c	(Code: ) (Expenses \$ 92,811. including grants of \$ ) (Revenue \$ )
70	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 \$ )
4e	Total program service expenses ► 754,708.
	Form <b>990</b> (2014)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			\ \ •
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			$ _{\mathbf{x}}$
-	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		x
ч	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	110		
u	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	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	45	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
••	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	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

#### 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 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), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 "Yes,"			
	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			
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<b>65</b> .		
	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	Check if Schedule O contains a response of note to any line in this part v				Ш				
				Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re								
	(gambling) winnings to prize winners?		1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2							
	filed for the calendar year ending with or within the year covered by this return	•		v					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v				
	-		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b						
<del>4</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			х				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Λ				
D	If "Yes," enter the name of the foreign country:	(FDAD)							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		-		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the present that were not tay deductible as abortisble contributions?		6-		Х				
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut		6a		- 25				
D		-	6b						
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD						
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7b						
	to file Form 8282?	•	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	I	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
			8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L I							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	4.		v				
		- 0	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eu	14b	990	(2014				
			LOUD	33U	(2014)				

432005 11-07-14 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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	Х	
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		Х
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	
	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		Х
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		X
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
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) and the section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Sec	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 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, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALEXANDRA NIKITAS - 312-630-0055			
	3354 N PAULINA 208, CHICAGO, IL 60657			

Form **990** (2014)

45802101

### 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.

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

<b>(A)</b> Name and Title	( <b>B</b> ) Average	(C) Position (do not check more than one					one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot	h an	compensation from the	compensation from related	amount of other
	below line)	hours for related organizations below hours for the polymer in the	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR. S. GOLDBLATT CHAIRMAN	2.00	x		х				0.	0.	0
(2) MRS. M. COHEN	2.00									
PRESIDENT	1 00	Х		Х				0.	0.	0
(3) MR. J. GOLDBLATT DIRECTOR	1.00	x						0.	0.	0
(4) MR. M. FREED	1.00	x						0.	0.	0
DIRECTOR (5) MR. R. GOLDSTEIN	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(6) MR. T. SHIELDS DIRECTOR	1.00	X						0.	0.	0
(7) MS. L. COHEN SCHENKMAN SECRETARY	1.00	х		х				0.	0.	0
(8) MR. J. MICHAEL LOCKE DIRECTOR	1.00	x						0.	0.	0
(9) MR. T. NOARD TREASURER	2.00	х		Х				0.	0.	0
(10) MR. D. KINNEAR DIRECTOR	1.00	x						0.	0.	0
(11) MS. K. KOZLOWSKI DIRECTOR	1.00	x						0.	0.	0
(12) MRS. A. NIKITAS EXECUTIVE DIRECTOR	20.00			х				63,000.	0.	0
								00,000		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box, unless pers			rson	is bot	h an	compensation	compensatio	n	an	nount	of
		week	$\vdash$	cer ar	id a d	recto	or/trus	itee)	from	from related			other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	es.			ated		organization	(W-2/1099-MIS	SC)	l	om th	
		organizations	ustee	trust		gy.	bens		(W-2/1099-MISC)			·	anizat	
		below	ual tr	ional		ploye	t con	L					d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				l orgo	amzam	0113
			=	=	0	×	Ξ 0	ш.						
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
1h	Sub-total						<u> </u>		63,000.		0.			0.
	Sub-total Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								63,000.		0.			0.
	Total number of individuals (including but n								<u> </u>	000 of reportab	_			
_	compensation from the organization	ot inflited to th	1036	iioto	o a	DOV	c) wi	10 10	eceived more than wroc	,,000 or reportab	ic			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director or tri	ıcta	o ka	w er	mnlc	N/AA	or	highest compensated a	mnlovee on				
Ū	line 1a? If "Yes," complete Schedule J for s	,		,	,	•	,	•		. ,		3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15	-		-					•	the organization		4		Х
5	Did any person listed on line 1a receive or a									idual for services				
J	rendered to the organization? If "Yes," com	•				•			ca organization of marv	iddai for 3crviccs		5		Х
Sec	tion B. Independent Contractors	piete Cerredar	<del></del>	0, 0,	3011	<i>p</i> 0, c						Ū		
1	Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation	from	
-	the organization. Report compensation for										.,,			
	(A)		-		· · · · ·		<u> </u>		(B)	,		((	2)	
	Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	n
								$\neg$						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(	U							

432008 11-07-14

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a	274,354.				
ar our		Membership dues						
s, C		Fundraising events						
Sift lar		d Related organizations						
ini,		Government grants (contribut						
rior S		All other contributions, gifts, gran						
ig e		similar amounts not included abov	ve 1f	70,806.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines	1a-1f: \$					
<u>8</u> 8	ŀ	Total. Add lines 1a-1f		<b>&gt;</b>	345,160.			
				Business Code				
Program Service Revenue	2 8	a						
ne v	k	·						
m S	(	·						
Jrai Re	(	d						
Š	•							
-	f	f All other program service reve						
$\rightarrow$		Total. Add lines 2a-2f						
	3	Investment income (including	,	, i	260 507			269 507
		other similar amounts)			268,507.			268,507.
	4	Income from investment of tax	•					
	5	Royalties						
	6.	- Cross rents	(i) Real	(ii) Personal				
	6 8	Gross rents						
		Less: rental expenses						
		Rental income or (loss)		<b>&gt;</b>				
		d Net rental income or (loss) a Gross amount from sales of	(i) Securities					
	, ,		2,073,290.	(ii) Other				
	ı	assets other than inventory  Less: cost or other basis	2,075,250.					
		and sales expenses	1,655,940.					
	,	Gain or (loss)						
		d Net gain or (loss)			417,350.			417,350.
		a Gross income from fundraising						
nue	٠.	including \$	of					
Other Rever		contributions reported on line						
Ř		Part IV, line 18						
the	ŀ	Less: direct expenses						
0		Net income or (loss) from func						
		Gross income from gaming ac						
		Part IV, line 19						
	k	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	k	Less: cost of goods sold						
		Net income or (loss) from sale						
[		Miscellaneous Revenu		Business Code				
	11 a	a						
	k	o						
	(							
		d All other revenue						
		Total. Add lines 11a-11d						
43200	12	Total revenue. See instructions.		<b>&gt;</b>	1,031,017.	0.	0 .	, .
43200: 11-07-	14							Form <b>990</b> (2014)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Scheduled Coordinate a response or note to any line in this Part X.    Total expresses   Program Service   Pro	0001	Check if Schedule O contains a respon		_		
1			(A)	(B)	(C)	
Grants and other assistance to domestic organizations and domestic operations and domestic organizations and domestic organizations and the assistance to domestic individuals. See Pear IV, line 12 and 16			l otal expenses	Program service expenses	Management and general expenses	
2 Grants and other assistance to domestic inclividuals. See Part N. line 22 3 Grants and other assistance to foreign organizations, foreign povernments, and foreign inclividuals. See Part N. line 51 san 01 6 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of inclined data drove, to disqualified persons (as defined under saction 498/ft(1)) and persons described in saction 498/ft(1) and persons described in saction 498/ft(1) and persons (as defined under saction 498/ft(1)) and persons described in saction 498/ft(1) and persons (as defined under saction 498/ft(1)) and persons (as defined under		-				•
Individuals. See Part IV, line 22   3   Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   1   1   1   1   1   1   1   1   1		and domestic governments. See Part IV, line 21	658,230.	658,230.		
3 Grants and other assistance to foreign organizations, foreign operments, and foreign individuals. See Part IV, lines 15 and 16 Grants and 16	2	Grants and other assistance to domestic				
3 Grants and other assistance to foreign organizations, foreign operments, and foreign individuals. See Part IV, lines 15 and 16 Grants and 16		individuals. See Part IV, line 22				
Individuals   See Part IV, lines 15 and 16	3					
### Benefits paid to or for members ### Compensation of current officers, directors, trustees, and key employees ### 63,000. \$34,650. \$18,900. \$9,450. \$  ### Compensation not included above, to disqualified persons (as defined under section 498(R)(1)) and persons described in section 498(R)(1)) and apersons described in section 498(R)(1) and 498(R)(1)) and apersons described in section 498(R)(1) and 4		organizations, foreign governments, and foreign				
5 Compensation of current offices, directors, trusteses, and key employees   63,000		individuals. See Part IV, lines 15 and 16				
trustees, and key employees   63,000.   34,650.   18,900.   9,450.   Compensation not included above, to disqualified persons (as defined under section 4958((1)3)(8)   Persons described in section 4958((1)3)   Persons described in sec	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4986(f)(1)) and persons (as defined under section 4986(f)(3)(8)  7 Other salaries and wages Pension plan accruels and contributions (include section 401(k) and 403(t) employer contributions)  9 Other employee benefits  10 Payroll takes 10 Payroll takes 11 Fees for services (non-employees): a Management b Legal c Accounting 11 Investment management fees 12 Other. (If line 11) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 13 Office expenses 11 Information technology 12, 1377, 4, 855, 4, 855, 2, 427, 7 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Interest (24, Liling 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Scholule (O) 24 Payments to affiliates 25 Total functional expenses on to covered above, (Est insidelateus expenses in line 25e, Liling 24e expenses on Scholule (O) 25 Payments to ADD SUBSCRIPTIONS 26 June (11) Liling 24e expenses on Scholule (O) 27 Payments to ADD SUBSCRIPTIONS 27 Payments to ADD SUBSCRIPTIONS 27 Payments to ADD SUBSCRIPTIONS 28 Payments (Divided (11) Liling 24e expenses on Schedule (O) 29 Payments (11) Liling 24e expenses on Schedule (O) 20 Payments (11) Liling 24e expenses on Schedule (O) 20 Payments (11) Liling 24e expenses on Schedule (O) 21 Payments (11) Liling 24e expenses on Schedule (O) 22 Payments (11) Liling 24e expenses on Schedule (O) 24 Payments (11) Liling 24e expenses on Schedule (O) 25 Total functional expenses. Add lines 1 through 24e 857, 985. 754, 708. 56, 173. 47, 104. 685. 695. 754, 708. 56, 173. 47, 104. 685. 754, 708. 56, 173. 47, 104. 754. 754. 754. 754. 754. 754. 754. 75	5	Compensation of current officers, directors,				
persons (as defined under section 4986(x)(1)) and persons described in section 4986(x)(3)(8)  7 Other salaries and wages  8 Persion plan accruals and contributions (include section 401(x) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundaising services. See Part IV, line 17 fl Investment management recess (1) fline 11 g amount recess (1) fline 12 g amount recess (1) fline 12 g amount recess (1) fline 13 g amount recess (1) fline 25 g amount recess (1) fline 26 g amount recess (1)		trustees, and key employees	63,000.	34,650.	18,900.	9,450.
persons described in section 4986(c)(3)(B) 7	6	Compensation not included above, to disqualified				
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 40 (Ik) and 40(8) employer contributions)  Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  d Lobbying  e Professional fundraising services. See Part IV, line 17  I Investment management fees  g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion  13 Office expenses  14 Information technology  1 1, 803 . 1 1, 442 . 361 .  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Conferences, conventions, and meetings  10 Payments to affiliates  10 Payments of travel or, and amortization  11 Payments in travel or, and amortization  12 Payments in travel or, and amortization  13 Payments in travel or, and meetings  10 Payments or travel or, and meetings  11 Payments or travel or, and meetings  12 Payments or travel or, and amortization  13 Payments or travel or, and meetings  14 Payments or travel or, and meetings  15 Payments or travel or, and meetings  16 Payments or travel or, and meetings  17 Payments or travel or, and meetings  18 Payments or travel or, and meetings  19 Payments or travel or, and amortization  20 Despecialized, of peletion, and amortization  21 Payments or travel or, and anortization  18 Payments to affiliates  19 Payments to affiliates  10 Payments to affiliates  10 Payments to affiliates  10 Paym		persons described in section 4958(c)(3)(B)				
Section 401(k) and 403(b) employer contributions)   Other employee benefits   Other employee benefits   10,358	7	Other salaries and wages	68,000.	37,400.	20,400.	10,200.
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 14,900. 5,960. 5,960. 2,980. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 17 teps parts at late of column (A) amount, list line 24e expenses on Sch O. 12 Advertising and promotion 18,302. 13 Office expenses 14 Information technology 1,803. 1,442. 361. 15 Royatties 16 Occupancy 12,137. 14,855. 14,855. 2,427. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Expenses in the seed 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 27 PTINTING AND PUBLICATIO 2,781.	8	·				
10 Payroll taxes		section 401(k) and 403(b) employer contributions)				
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 1,803. 1,442. 361. Shoyalties Cocupancy 12,137. 14,855. 14,855. 2,427. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses I line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) 24 PRINTING AND PUBLICATIO 3 PRINTING AND PUBLICATIO 3 PRINTING AND PUBLICATIO 4 PRINTING AND PUBLICATIO 5 POSTAGE AND SHIPPING 2,493. 30. 12. 12. 15. 16. 17. 18. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	9	Other employee benefits				
a Management b Legal c Accounting d Lobbying e Professional fundialsing services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion 18,302. 3 Office expenses 14 Information technology 1,803. 1,442. 361. 6 Occupancy 12,137. 4,855. 4,855. 2,427. 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 13 Insurance 14 Other expenses. Itemize expenses in line 24e. If line 24e amount, list line 7 file 25, other and 22, 229. 1 Insurance 2 Other expenses in line 24e. If line 24e amount, lest line 7 file 25, other 10 file 25, other 10 file 25, other 25, other 24, and 10 file 24e. If line 24e amount, lest line 7 file 25, other 24, and 10 file 24e. If line 24e amount, lest line 9 file 25, other 24, and 10 file 25, other 25, other 24, and 10 file 24e. If line 24e amount, lest line 9 file 25, other 25, other 24, and 10 file 25, other 25, other 25, other 25, other 25, other 25, other 24, oth	10	Payroll taxes	10,358.	5,696.	3,108.	1,554.
b Legal		·				
Caccounting	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  18,302.  19,100 expenses  10,100 expenses  10,100 expenses  11,442.  10,100 expenses  10,100 expenses  11,402.  11,403.  11,442.  11,403.  12,137.  13,4855.  14,855.  14,855.  14,855.  14,855.  14,855.  14,855.  14,855.  14,855.  14,855.  14,855.  15,427.  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and amortization 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Payments of travel or entertainment expenses 19 Payments of trave	b	Legal	4.4.00			
Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 1 18,302. 1 1,803. 1 1,442. 361. 15 Royalties 16 Occupancy 12,137. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 17 Interest 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 19 PRINTING AND PUBLICATIO 2,781. 2,781. 2,225. 0. 556. TELEPHONE 2,504. 1,002. 1,002. 500. 2 POSTAGE AND SHIPPING 2,493. 997. 997. 499. 4 Uniter expenses. Remize expenses on Schedule 0.) 2 PRINTING AND SUBSCRIPTIONS 4 Interest 2 All other expenses. 3 0. 12. 12. 12. 6. 2 Total functional expenses. Add lines 1 through 24e 857,985. 754,708. 56,173. 47,104.  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 ▶ I in ir fotlowing SOP 88.2 (ASC 986-720)  4 4,584. 3,667. 0 0 917.	С	Accounting	14,900.	5,960.	5,960.	2,980.
f   Investment management fees   g   Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion	е					
Column (A) amount, list line 11g expenses on Sch 0.   18 , 302 .   18 , 302 .   18 , 302 .     18 , 302 .	f	F				
12 Advertising and promotion 13 Office expenses 14 Information technology 1,803. 1,442. 361.  Royatties 16 Occupancy 12,137. 4,855. 4,855. 2,427.  17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 2 PRINTING AND PUBLICATIO 5 TELEPHONE C POSTAGE AND SHIPPING DUES AND SUBSCRIPTIONS 4 Idother expenses 30. 12. 12. 6. 25 Total functional expenses. Add lines 1 through 24e 857, 985. 754, 708. 56, 173. 47, 104.  26 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	g	· · · · · · · · · · · · · · · · · · ·				
13 Office expenses 14 Information technology 1		column (A) amount, list line 11g expenses on Sch O.)	10 000			10.000
14 Information technology       1,803.       1,442.       361.         15 Royalties       12,137.       4,855.       4,855.       2,427.         16 Occupancy       12,137.       4,855.       4,855.       2,427.         17 Travel       18 Payments of travel or entertainment expenses for any federal, state, or local public officials       377.       377.         20 Interest       21 Payments to affiliates       22 Depreciation, depletion, and amortization Insurance       700.       700.         21 Insurance       2,229.       1,115.       892.       222.         24 Other expenses. Itemize expenses in tine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount is line 24e expenses on Schedule 0.)       2,781.       2,225.       0.       556.         a PRINTING AND PUBLICATIO       2,781.       2,225.       0.       556.         b TELEPHONE       2,504.       1,002.       1,002.       500.         c POSTAGE AND SHIPPING       2,493.       997.       997.       499.         d DUES AND SUBSCRIPTIONS       141.       47.       47.       47.         e All other expenses       30.       12.       12.       6.         25 Total functional expenses. Add lines 1 through 24e       857,985.       754,708.       56,173.       47,104. <td>12</td> <td></td> <td>18,302.</td> <td></td> <td></td> <td>18,302.</td>	12		18,302.			18,302.
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (4e) amount, list line 24e expenses on Schedule 0.) 2 PRINTING AND PUBLICATIO 3 DUES AND SUBSCRIPTIONS 4 DUES AND SUBSCRIPTIONS 5 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here  Implication in the content of travel or entertainment expenses and the spense in line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here Implication in the content of travel or entertainment expenses and the spense in line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here Implication in the content of t	13		1 000	1 110		2.64
12,137. 4,855. 4,855. 2,427.  17 Travel	14	Information technology	1,803.	1,442.		361.
17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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.)  2 PRINTING AND PUBLICATIO  3 PRINTING AND PUBLICATIO  4 POSTAGE AND SHIPPING  5 DUES AND SUBSCRIPTIONS  4 All other expenses  3 0 12 12 12 6.  5 Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 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 7 584 584 584 586 7.  3 77 3 77 377 377 377 377 377 377 377	15	Royalties	10 100	4 055	4 055	0.405
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  e All other expenses. Add lines 1 through 24e  5 Total functional expenses. Add lines 1 through 24e  25 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	16	Occupancy	12,137.	4,855.	4,855.	2,427.
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  e All other expenses.  All other expenses. Add lines 1 through 24e  5 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)  1700.  377	17	Travel				
19 Conferences, conventions, and meetings 377. 377.  20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 700. 700.  23 Insurance 2, 229. 1, 115. 892. 222.  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.)  a PRINTING AND PUBLICATIO 2, 781. 2, 225. 0. 556.  b TELEPHONE 2, 504. 1, 002. 1, 002. 500.  c POSTAGE AND SHIPPING 2, 493. 997. 997. 499.  d DUES AND SUBSCRIPTIONS 141. 47. 47. 47. 47.  e All other expenses 30. 12. 12. 6.  25 Total functional expenses. Add lines 1 through 24e 857, 985. 754, 708. 56, 173. 47, 104.  26 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	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount excellaneous expenses in line 24e. If line 24e amount excellaneous expenses on Schedule 0.)  a PRINTING AND PUBLICATIO b TELEPHONE c POSTAGE AND SHIPPING d DUES AND SUBSCRIPTIONS e All other expenses 130. 12. 12. 6. 25 Total functional expenses. Add lines 1 through 24e 26 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		· · · · · · · · · · · · · · · · · · ·	200	200		
21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  All other expenses  Add lines 1 through 24e  857,985.  754,708.  56,173.  47,104.  21,225.  0.  556.  550.  500.  500.  500.  500.  600.  5	19	Conferences, conventions, and meetings	377.	377.		
Depreciation, depletion, and amortization   700.   700.						
23   Insurance   2,229			700	700		
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.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 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)  A 7 781.  2 7225.  0 .  556.  2 7504.  1 7002.  1 7002.  1 7002.  5 700.  2 7493.  997.  47.  47.  47.  47.  47.  47.  6.  754,708.  56,173.  47,104.					000	200
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.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 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)  All other expenses  All other expenses  30. 12. 12. 6.  857,985. 754,708. 56,173. 47,104.			2,229.	1,115.	892.	222.
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a PRINTING AND PUBLICATIO  b TELEPHONE  c POSTAGE AND SHIPPING  d DUES AND SUBSCRIPTIONS  e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 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)  27 Total functional expenses. Add lines 1 through 24e  28 Total functional expenses. Add lines 1 through 24e  29 Total functional expenses. Add lines 1 through 24e  20 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)  10 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)  27 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	24					
a PRINTING AND PUBLICATIO b TELEPHONE c POSTAGE AND SHIPPING d DUES AND SUBSCRIPTIONS e All other expenses  25 Total functional expenses. Add lines 1 through 24e  26 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)  2 1,002. 1,0		24e amount exceeds 10% of line 25, column (A)				
b TELEPHONE       2,504.       1,002.       1,002.       500.         c POSTAGE AND SHIPPING       2,493.       997.       997.       499.         d DUES AND SUBSCRIPTIONS       141.       47.       47.       47.         e All other expenses       30.       12.       12.       6.         25 Total functional expenses. Add lines 1 through 24e       857,985.       754,708.       56,173.       47,104.         26 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))       4,584.       3,667.       0.       917.			2 701	2 225	0	E E <i>C</i>
c POSTAGE AND SHIPPING       2,493.       997.       997.       499.         d DUES AND SUBSCRIPTIONS       141.       47.       47.       47.         e All other expenses       30.       12.       12.       6.         25 Total functional expenses. Add lines 1 through 24e       857,985.       754,708.       56,173.       47,104.         26 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)       4,584.       3,667.       0.       917.					~ -	
d DUES AND SUBSCRIPTIONS e All other expenses 30. 12. 12. 6.  25 Total functional expenses. Add lines 1 through 24e  26 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)  47. 47. 47. 47. 47. 47. 47. 47. 47. 47.						
e All other expenses 30. 12. 12. 6.  25 Total functional expenses. Add lines 1 through 24e 857,985. 754,708. 56,173. 47,104.  26 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) 4,584. 3,667. 0. 917.						
Total functional expenses. Add lines 1 through 24e  Solid tosts. 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)  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functional expenses. Add lines 1 through 24e  Solid tosts. Total functiona						
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)  4,584.  3,667.  0.  917.		· — — -				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)  4,584.  3,667.  0.  917.		-	051,305.	154,100.	50,1/3.	4/,104.
educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)  4,584.  3,667.  0.  917.	26	, , ,				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 4 , 584 . 3 , 667 . 0 . 917 .		1, 7, 1				
		. 🗀	1 501	3 667	_	017
	40== :	<b>,</b> ,	4,304.	3,007.	U • [	

432010 11-07-14

Form 990 (2014)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	38,065.	1	43,465
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	56,636.	4	14,077
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
ا م	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
ž   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
b		2,195.	10c	1,494
11	Investments - publicly traded securities	2,195. 9,022,570.	11	1,494 9,945,313
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,831.	15	1,831
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,121,297.	16	10,006,180
17	Accounts payable and accrued expenses	4,485.	17	4,045
18	Grants payable	100,000.	18	325,000
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ភ្ជ 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	104 405	25	200 045
26	Total liabilities. Add lines 17 through 25	104,485.	26	329,045
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	0 044 011		0 022 702
27	Unrestricted net assets	8,244,911.	27	8,933,783
5   28 0   33	Temporarily restricted net assets	61,636. 710,265.	28	33,087 710,265
<u> 29</u>	Permanently restricted net assets	/10,203.	29	/10,203
	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	9,016,812.	32	9,677,135
33	Total net assets or fund balances	9,121,297.	33	10,006,180
34	Total liabilities and net assets/fund balances	7,141,47/•	34	TU, UU0, 100

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,03				
2	Total expenses (must equal Part IX, column (A), line 25)	2				85. 32.		
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	9	,67	7,1	35.		
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				_	000	(0011)		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CANCER RESEARCH FOUNDATION

Employer identification number 36-2385213

Pa	rt I	Reason for Public		All organizations must co		is nart ) Sa	ae instructions	
	organ	ization is not a private found	•		•	•		
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
2	H			•		VI=V4V4V:	::\	
3	H	A hospital or a cooperative					-	the beenitel's name
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	ii described	a in Sectio	n 170(b)(1)(A)(iii). Enter	the nospital's name,
_		city, and state:	ar the benefit of a co	llaga or university evens	d ar anara	tod by a a	avaramantal unit dagarih	and in
5	ш	An organization operated for		niege or university owne	d or opera	ted by a g	overnmental unit descrit	ed in
•		section 170(b)(1)(A)(iv). (C	•			70/1-\/4\/A\	<b>()</b>	
6	H	A federal, state, or local go	-					
7		An organization that norma	•	initial part of its support	irom a gov	emmentai	unit or from the general	public described in
8		section 170(b)(1)(A)(vi). (C	•	(1)(A)(vi) (Complete Per	+ 11 \			
	X	A community trust describe				contributi	ana mambarahin faas a	and gross resoints from
9		An organization that norma	•	•	•		•	
		activities related to its exen income and unrelated busin	-					
		See section 509(a)(2). (Con		(less section of reax) if	OIII DUSIIIC	sses acqu	ined by the organization	arter durie 30, 1973.
10		An organization organized	• ,	ively to test for public sa	afety See	section 50	)9(a)(4)	
11	一	An organization organized a	•	•	-			e purposes of one or
•		more publicly supported or	•	•	-		•	
		lines 11a through 11d that						
а		Type I. A supporting orga	* *			-		giving
		the supported organization	· ·	•	•	•		
		organization. You must o			, ,			
b		Type II. A supporting org	-		tion with it	ts support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ting organi:	zation.		
f		er the number of supported o	•					
g		vide the following information			(iv) Is the o	raenization	(-) A	(-i) A
	(	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	in your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization.		above or IRC section		document?	Instructions)	Instructions)
				(see instructions))	Yes	No		
Гotа	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	-			•		
<u>C-</u>	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publ		<del>_</del>			11	
	Public support percentage for 2014 (					14	<u>%</u>
	Public support percentage from 2013					15	<u>%</u>
16a	33 1/3% support test - 2014. If the c	-					
	<b>stop here.</b> The organization qualifies						
t	33 1/3% support test - 2013. If the c	•		,		,	
4-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		~	
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   Schedule A (Form 990 or 990-EZ) 2014						
					3011		<u></u>

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	788,906.	1046631.	1313440.	629,413.	345,160.	4123550.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
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	788,906.	1046631.	1313440.	620 /13	345,160.	4123550.
	Total. Add lines 1 through 5	700,300.	1040031.	1313440.	029,413.	343,100.	4123330.
78	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons						0.
I.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						4123550.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010 788, 906.	(b) 2011 1046631.	(c) 2012 1313440.	(d) 2013 629,413.	(e) 2014 345,160.	(f) Total 4123550.
	Amounts from line 6	700,900.	1046631.	1313440.	629,413.	343,100.	4123550.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	172 000	165 600	016 740	001 605	060 505	1056430
	and income from similar sources	173,808.	165,689.	216,740.	231,695.	268,507.	1056439.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1 - 0 - 0 - 0	1.55				10-1100
	Add lines 10a and 10b	173,808.	165,689.	216,740.	231,695.	268,507.	1056439.
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	962,714.	1212320.	1530180.	861,108.	613,667.	5179989.
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	zation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (	line 8, column (f) di	vided by line 13, c	column (f))		15	79.61 %
16 Public support percentage from 2013 Schedule A, Part III, line 15					16	83.16 %	
	ction D. Computation of Inve					•	
17						20.39 %	
18		, , , , , , , , , , , , , , , , , , , ,				16.84 %	
	Pa 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a						►X
r	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1		(= = ==================================		
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
_8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	, ,			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

CANCER RESEARCH FOUNDATION 36-2385213

Organization type (check one):

Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	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				
		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	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), out it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	STANFORD GOLDBLATT  35 W. WACKER DRIVE  CHICAGO, IL 60601	\$\$	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	MICHAEL & HEATHER LOCKE  4558 GRAND AVE.  WESTERN SPRINGS, IL 60558	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for		

#### CANCER RESEARCH FOUNDATION

36-2385213

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		   \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		   \$		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received	
Part I		(see instructions)		
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
—				
3453 11-05-		\$	 990, 990-EZ, or 990-PF) (2	

Employer identification number

Name of organization

year from any one contributor. Complete property property and provided the property of the pro	tributions to organizations described columns (a) through (e) and the follow is, charitable, etc., contributions of \$1.000 or	in section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations less for the year. (Enterthis info. once.)
		/ (Line) and into once,
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	
r	mpleting Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (h) Purpose of gift

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CANCER RESEARCH FOUNDATION

**Employer identification number** 36-2385213

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		•
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	mn		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further the	he organization's exe	empt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of tl	he organization's co	ollection?		$\square$	Yes	O No
Pai	t IV Escrow and Custodial Arran						ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	O No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fe				ility?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.		•					
Pai								
	·	(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four ye	ars back
1a	Beginning of year balance	1,623,846.	1,520,531.	1,876,150.		759,516.		45,264.
	Contributions		· · · · ·		,	,	,	
	Net investment earnings, gains, and losses	225,514.	216,367.	107,923.	1	131,904.	1	28,445.
	Grants or scholarships	50,000.	100,000.	450,000.		,		
	Other expenditures for facilities	, 1	, -	, -				
Ū	and programs							
f	Administrative expenses	13,349.	13,052.	13,542.		15,270.		14,193.
	End of year balance	1,786,011.	1,623,846.	,	1 8	376,150.		59,516.
2	Provide the estimated percentage of the curr				_,	,	_,.	,
	Board designated or quasi-endowment	one your one balance	%	y) Hold do.				
	Permanent endowment > 100.00	%	_′°					
	Temporarily restricted endowment							
C	The percentages in lines 2a, 2b, and 2c shou							
22	Are there endowment funds not in the posse	•	ation that are hold a	nd administered for	the organi	zation		
Ja		ssion of the organiza	ulon that are nelu a	na administered for	lile Organi.	Zation	V	es No
	by: (i) unrelated organizations							es No X
								X
h	(ii) related organizations	lietod as roquirod o	n Schodulo P2				3b	+
4							SD	
÷	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willetti turius.					
ı uı	Complete if the organization answere		Part IV line 11a S	oo Form 000 Part V	lino 10			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	i			(d) Deele	
	Description of property	(a) Cost or ot basis (investm	1		Accumulate preciation		(d) Book v	alue
	Land	,	nent) basis	(Otrier) de	preciation			
	Land							
	Buildings							
	Leasehold improvements							
	Equipment			6 632	<u> </u>	30	1	101
	Other (Och mark)			6,632.	5,1	20.	1 1	,494.
ıota	. Add lines 1a through 1e. (Column (d) must e	yuai rorm 990, Part i	ʌ, coiumn (ʁ), line 1	UC.)			⊥ ,	, せりせ・

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CANCER RESI	EARCH FOUNDAT	ION	36-2385213 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	to Form 990, Part IV, line	e 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	# t - F 000 D t IV / I'-	- 44 - 0 F 000 P+ V	Bara 40
Complete if the organization answered "Yes (a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) Book value	(c) Welfied of Valuation	11. Cost of cha of year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes	to Form 990, Part IV, line	e 11d. See Form 990, Part X,	line 15.
(a	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		<b>&gt;</b>
Complete if the organization answered "Yes	to Form 990, Part IV, line		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII □

Schedule D (Form 990) 2014

(8)

		(Form 990) 2014 CANCER RESEARCH FOUNDATION		36-2	2385213 <sub>Page</sub> 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per P	eturn	) <b>.</b>
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	1,518,308
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a  487,291.		
b		ed services and use of facilities	2b		
С		veries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>	•	2e	487,291
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	1,031,017
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b	-	
		nes <b>4a</b> and <b>4b</b>		4c	0
		revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	1,031,017
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	857,985
2		nts included on line 1 but not on Form 990, Part IX, line 25:		•	001,700
			2a		
a		ed services and use of facilities	2b	-	
b		/ear adjustments		-	
C		losses	2c	-	
d		(Describe in Part XIII.)	2d	_	0
		nes 2a through 2d		2e	857,985
		act line 2e from line 1		3	031,303
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
		ment expenses not included on Form 990, Part VIII, line 7b	4a	-	
		(Describe in Part XIII.)	4b	•	0
		nes <b>4a</b> and <b>4b</b>		4c	U 0 5 7 0 0 5
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	857,985
		Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
ines :	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		
PAF	RT V	, LINE 4:			
AMC	TNUC	HELD AS A PERMANENT SOURCE OF INCOME,	WHERE THE PRINC	!IPA]	L MUST BE
KEF	T T	NTACT IN PERPETUITY AND INCOME DERIVED	IS USED FOR LAB	ORA	rory
RES	SEAR	CH.			

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

**Employer identification number** 

CA	NCER RESEARCH	FOUNDAT	ION			36-238521	3
				tside the United States. Comple	ete if the organ		
	Form 990, Part I\	/, line 14b.					
1				ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
	United States.						
3	Activities per Region. (T			an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices	(c) Number of employees.	1		vity listed in (d) gram service,	(f) Total expenditures
		in the region	employees, agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to		specific type	for and
			contractors in region	recipients located in the region)		e(s) in region	investments in region
			in region		AN INTER-IN	STITUTIONAL	g.
					RESEARCH PR	OJECT WITH	
				GRANT TO THE UNIVERSITY OF	THE UNIVERS	ITY OF	
NOR'	TH AMERICA	0	0	CALGARY, ALBERTA, CANADA	CHICAGO.		17,500.
3 a	Sub-total	0	0				17,500.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				17,500.

432071 09-24-14 Schedule F (Form 990) 2014

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

Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO FUND RESEARCH IN GERMLINE MUTATIONS IN YOUNG PATIENTS WITH MYELODYSPLASTIC	17 500	CHECK	0.		
		NORTH AMERICA	MYELODYSPLASTIC	17,500.	CHECK	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	recognized as tax-e	xempt by		
the IRS, or for which t	the grantee or couns	el has provided a section	n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or entities						

Part III Grants and Other Assistan			ates. Complete i	f the organization answered "Yes"	on Form 990, Parl	t IV, line 16.	
Part III can be duplicated if a	additional space is need	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

### Schedule F (Form 990) 2014 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

# 36-2385213 CANCER RESEARCH FOUNDATION Schedule F (Form 990) 2014 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 2: THE GRANT WAS JOINT WITH THE UNIVERSITY OF CALGARY AND THE UNIVERSTITY OF THE ORGANIZATION FOLLOWS THE PROGRESS OF THE RESEARCH CHICAGO. CONTINUOUSLY. PART II, COLUMN (D): REGION: NORTH AMERICA (D) PURPOSE OF GRANT: TO FUND RESEARCH IN GERMLINE MUTATIONS IN YOUNG PATIENTS WITH MYELODYSPLASTIC SYNDROMES

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CANCER RE	SEARCH FO	UNDATION					36-2385213
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments. C	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is need	ded.	(8.14.11.1.6		
(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							TO FUND RESEARCH IN
5841 S. MARYLAND AVE							EMERGING CANCER
CHICAGO, IL 60637	36-2177139		548,230.	0.			THERAPIES/CURES
WASHINGTON UNIVERSITY IN ST. LOUIS							TO FUND RESEARCH IN
1 BROOKINGS DR							EMERGING CANCER
ST LOUIS, MO 63130	43-0653611		75,000.	0.			THERAPIES/CURES
							TO FUND RESEARCH IN
UNIVERSITY OF CHICAGO							GERMLINE MUTATIONS IN
5841 S. MARYLAND AVE							YOUNG PATIENTS WITH
CHICAGO, IL 60637	36-2177139		17,500.	0.			MYELODYSPLASTIC SYNDROMES
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in t	he line 1 table				<b>&gt;</b>
3 Enter total number of other organizations	s listed in the line	1 table					

(a) Type of grant or assistance	<b>(b)</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	required in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
ART I, LINE 2:					
RGANIZATION RECORDS ALL GRANTS	DISPERSED A	AND HAS SU	JPPORTING D	OCUMENTATION	
ROM THE PARTIES RECEIVING THE G	RANTS. OR	GANIZATION	N'S BOARD O	F DIRECTORS	
ISCUSSES AND MEETS WITH SPECIAL	ISTS TO DE	TERMINE WH	HICH RESEAR	CHER WILL	
ECEIVE GRANTS. AFTER THE GRANT	S, THE ORG	ANIZATION	FOLLOWS TH	E PROGRESS OF	
HE RESEARCH CONTINUOUSLY.					

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

**Employer identification number** 36-2385213

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

MERLE GOLDBLATT COHEN, STANFORD J. GOLDBLATT, JEREMY S. GOLDBLATT, LISA

COHEN SCHENKMAN AND ALEXANDRA NIKITAS ARE FAMILY MEMBERS

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

THERE IS THE GOVERNING BODY, WHICH HAS DOCUMENTED ITS MEETINGS. THERE IS

ALSO AN AUDIT COMMITTEE, WHICH HOWEVER, HAD NO RECORDED MINUTES.

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

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

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

ORGANIZATION, THE RETURN WAS FILED.

THE BOARD OF DIRECTORS USED AVAILABLE DATA IN DECIDING AND APPROVING THE SALARY OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT THE FOUNDATION WEBSITE,

THROUGH A THIRD PARTY WEBSITE AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE

TO THE PUBLIC UPON REQUEST BY CONTACTING THE ORGANIZATION.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR THE COMMITTEE CHOOSING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2014)

#### 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 ·

OMB No. 1545-1709

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (not 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 for fili	• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		<b>&gt;</b>	X
Electronic filing (p-rige), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (ill possible file from 1807), or an additional (not automatic) 3-month extension of time x You can electronically file Form 8870 in 1808 to request an extension of time to file any of the form 8870 in 1907 personal Benefit Contracts, which must be sent to the IRS in paper forms 870, Information Return for Transfers Associated With Cartain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, visit www.ins.gov/affile and click on a-file for Charbes a Norprofits.    Part I							
Electronic filing (p-rige), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (ill possible file from 1807), or an additional (not automatic) 3-month extension of time x You can electronically file Form 8870 in 1808 to request an extension of time to file any of the form 8870 in 1907 personal Benefit Contracts, which must be sent to the IRS in paper forms 870, Information Return for Transfers Associated With Cartain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, visit www.ins.gov/affile and click on a-file for Charbes a Norprofits.    Part I	Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.	
of time to file any of the forms listed in Part I for 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 forms (see instructions). For more details on the electronic filling of this form, wist waw, insignificant of the Form with the composition of the IRS in paper forms (see instructions). For more details on the electronic filling of this form, wist waw, insignificant control in the composition of the IRS in paper forms (see instructions).    Part I							oration
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, visits www.irs.gov/erile and click on e-file for Charities & Nonprofits.  Part I only Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990 T and requesting an automatic 6-month extension : check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorned tax refurns.  Farter filer's identifying number  CANCER RESEARCH FOUNDATION  Number, street, and room or suite no. If a P-D. box, see instructions.  CHICAGO, IL 60657  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  On Form 990 Form 990-EZ  On Form 990 Form 990-EZ  On Form 990-F  Ond Page (individual)  The books are in the care of ▶ 3354 N PAULINA 208 − CHICAGO, IL 60657  Tielephone No ▶ 312-630-00555  Tielephone No ▶ 312-630-0055	required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 8	368 to request an e	xtension
Visit Naviviris gov/effile and click on e-file for Charities & Nonprofits   Part   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	of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers /	Associated With Ce	rtain
Part	Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this f	orm,
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number Type or print Type or print Displaying the description of the result of the income tax returns.  CANCER RESEARCH FOUNDATION  36-2385213  Number, street, and room or suite no. If a P.O. box, see instructions. 3354 N. PAULINA ST, NO. 208  Social security number (SSN) 3354 N. PAULINA ST, NO. 208  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  D	visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits	-				
Part I notly	Part	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time folic income tax returns.    Enter filler's identifying number (EIN) or print	A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Application   Return code for the return that this application is for (file a separate application   Social security number (SN)	Part I or	nly				<b>&gt;</b>	
Name of exempt organization or other filer, see instructions.	All othe						
CANCER RESEARCH FOUNDATION  36 - 2385213  Aumber, street, and room or suite no. If a P.O. box, see instructions.  White the Return See instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for document for code is for mean separate application for each return code for form 990-T (corporation)  [In the Gran 4720 (individual)  [In this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  [In the Gran 4720 (individual)  [In this is for a Group Return, enter the organization is for the whole group, check this box   In this is for the whole group, check this box   In this is for the whole group, check this box   In this is for the whole group, check this box   In this is for t	to file in	come tax returns.			Enter file	er's identifying nun	nber
CANCER RESEARCH FOUNDATION  36 - 2385213  Aumber, street, and room or suite no. If a P.O. box, see instructions.  White the Return See instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for (file a separate application for each return)  [In the Return code for the return that this application is for document for code is for mean separate application for each return code for form 990-T (corporation)  [In the Gran 4720 (individual)  [In this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  [In the Gran 4720 (individual)  [In this is for a Group Return, enter the organization is for the whole group, check this box   In this is for the whole group, check this box   In this is for the whole group, check this box   In this is for the whole group, check this box   In this is for t	Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	identification numb	per (EIN) or
CANCER RESEARCH FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  3354 N. PAULINA ST, NO. 208  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Series Code  Application  Series Code  Series Serie					. ,		, ,
Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)	-					36-238521	. 3
intervietors. See instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 Form 990-EZ  Form 990 Form 990-EZ  Form 990			ee instruc	tions.	Social se	curity number (SSN	)
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHICAGO, IL 60657  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Application  Is For Code  Form 990 or Form 990-EZ  O1 Form 990-IL See Form 1041-A  Form 4720 (individual)  O2 Form 1041-A  Form 4720 (individual)  O3 Form 4720 (other than individual)  O3 Form 990-PF  O4 Form 5227  O5 Form 6089  O5 Form 6089  O6 Form 890-T (trust other than above)  O6 Form 890-T (trust other than above)  O6 Form 890-T (trust other than above)  O7 Form 990-T (trust other than above)  O8 Form 990-T (trust other than above)  O8 Form 890-T (trust other than above)  O9 Form 990-T (trust other than above)  O9 Form 990-T (trust other than above)  O1 Form 990-T (trust other than above)  O2 Form 6089  O3 The books are in the care of S354 N PAULINA 208 - CHICAGO, IL 60657  Telephone No S32-630-0055  Fax No. S  O1 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  O1 If this is for a forup Return, enter the organization's four digit Group Exemption Number (GEN)  O2 If it is for part of the group, check this box S  O3 If this application is for Group Seems of the exempt organization return for the organization and above. The extension is for.  O1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2015  O5 Form 6089  O6 Form 990-T, extension of time until  NOVEMBER 15, 2015  O6 Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  O1 If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  O2 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	filing your	3354 N. PAULINA ST. NO. 208				, (	,
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Code   Separate   Separate				ress, see instructions.			
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 or Form 990-EZ Form 190-EZ Form 990 or Form 990-EZ Form 4720 (individual) 03 Form 4720 (individual) 03 Form 4720 (individual) 09 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 11  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 I if it is for part of the group, check this box ▶ If it is for part of the group, check this box I if request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2015 Not file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ Change in accounting period  3a If this application is for Forms 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonerfundable credits. See instructions.  I Insulation is for Forms 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonerfundable credits. See instructions.  If this application is for Forms 990-F, 990-T, 4720, or 6069, enter any refundable credits and 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,				,			
Application Is For Code Sorm 990 or Form 990-EZ Form 990-BL O2 Form 990-BL O2 Form 990-PF Form 990-PF O4 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 890-T (trust other than above) O6 Form 8870 112  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 it is for part of the group, check this box If the organization's return for:  NOVEMBER 15, 2015 It file the exempt organization required to file Form 990-T) extension of time until NOVEMBER 15, 2015 It file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ Calendar year or □ X tax year beginning APR 1, 2014  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.  In this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 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,		<u>'</u>					
Application   Return   Application   Return   Code   Is For   Code   Code   Is For   Code	Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Sefor   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is Form 990 or Form 990 er Form 8870   11   Form 990 er Form 8870   12   Form 8870   12   Form 8870   12   Form 990 er Form 99							
Sefor   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is Form 990 or Form 990 er Form 8870   11   Form 990 er Form 8870   12   Form 8870   12   Form 8870   12   Form 990 er Form 99	Applica	tion	Return	Application			Return
Form 990 or Form 990-EZ  Form 990-BL  O2  Form 990-BL  O3  Form 4720 (individual)  O3  Form 4720 (other than individual)  O9  Form 990-PF  O4  Form 5227  O5  Form 6069  O6  Form 870  O6  Form 870  O7  ALEXANDRA NIKITAS  The books are in the care of   O3  O5  O6  O6  O7  Telephone No.   O6  O7  O7  O7  O7  O7  O7  O7  O7  O7							
Form 990-BL  Form 990-BF  Form 720 (Individual)  Form 720 (Individual)  Form 990-PF  O4 Form 5227  Form 6069  11  Form 990-T (trust other than above)  ALEXANDRA NIKTRAS  The books are in the care of ▶ 3354 N PAULINA 208 − CHICAGO, IL 60657  Telephone No. ▶ 312−630−0055  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 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, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ all the tax year entered in line 1 is for less than 12 months, check reason:  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.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 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,		90 or Form 990-F7					+
Form 4720 (individual)  O3 Form 4720 (other than individual)  O9  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 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 it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for.  Irequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  NOVEMBER 15, 2015  Is for the organization's return for:  ▶ Calendar year or  ▶ X tax year beginning APR 1, 2014  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.  D If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  D Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							<del>                                     </del>
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Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  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 it 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, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or  □ calendar year or  □ The tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return  □ Change in accounting period  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 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,		,		, ,			<del>                                     </del>
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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, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  NOVEMBER 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  Calendar year or X tax year beginning APR 1, 2014 , and ending MAR 31, 2015 .  If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ 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. 3a \$ 0.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.							<del>                                     </del>
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Telephone No. ▶ 312-630-0055	• The			- CHICAGO II. 6065	7		
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c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	<b>b</b> If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			^
	<u>es</u>	stimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.
by using EFTPS (Electronic Federal Tax Payment System). See instructions.	с В	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_
	b	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.
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		• •	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO fo	r payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841

Form 8868 (Rev. 1-2014)

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

For calendar year 2014, or fiscal year beginning APR 1 , 2014, and ending MAR 31 ,20 15

	Do not send to the IRS. Keep for your records.		
Department of the Treasury nternal Revenue Service	► Information about Form 8879-EO and its instructions is at www.irs.gov/form88	879eo₋	
Name of exempt organization			identification number
CANCER RESEAR	CH FOUNDATION	36-2	385213
Name and title of officer	CIT TOUNDATION	1 30-4	303413
STANFORD J GO	LDBLATT		
CHAIRMAN			
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or 5 whichever is applicable <u>,</u> b than 1 line in Part I.	urn for which you are using this Form 8879-EO and enter the applicable amount, if any, from the content of the amount on that line for the return being filed with this form was blank, if all all all all all all all all all al	then leave le line belov	line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
1a Form 990 check here			
2a Form 990-EZ check he		2b	
3a Form 1120-POL check		3b	
4a Form 990-PF check he		4b	·····
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	tion and Signature Authorization of Officer		
the date of any refund. If a	of receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in proce	electronic f	funde withdrawal (direct
the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected to organization's consent to	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and all institution account indicated in the tax preparation software for payment of the organizastitution to debit the entry to this account. To revoke a payment, I must contact the U.S. nan 2 business days prior to the payment (settlement) date. I also authorize the financial inic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reelectronic funds withdrawal.	electronic t ation's fedo . Treasury f institutions d resolve is	funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the esues related to the
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Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)