			EXTENDED TO FEBRUARY 15, 2018		1
Forn	.99	90-EZ	Short Form Return of Organization Exempt From Income	Tav	OMB No. 1545-1150
TUII					2016
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	oundation	
			Do not enter social security numbers on this form as it may be made public	с.	Open to Public
		of the Treasury enue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/form99	0.	Inspection
			•	31,	
B c	Check if		-	Employer	identification number
			ANCER RESEARCH FOUNDATION -	01 0	771460
		oonango	HICAGO CHAPTER nber and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	771469
	Final	return/	0 BOX 493	-	630-0055
				Group Exe	
	٦			Number	
	Accour	nting Method:		Check 🕨	if the organization is
				not require	ed to attach Schedule B
				(Form 990	, 990-EZ, or 990-PF).
		•	X Corporation Trust Association Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	•	153,430.
	art I	Revenue	\$500,000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
10	41 L I		organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · · · · ·
	1		gifts, grants, and similar amounts received		153,430.
	2		ce revenue including government fees and contracts		-
	3		lues and assessments	3	
	4		come	4	
	5a		from sale of assets other than inventory 5a	_	
			other basis and sales expenses 5b		
	C C		from sale of assets other than inventory (Subtract line 5b from line 5a)	50	
	6	-	ındraising events from gaming (attach Schedule G if greater than		
nue	l "		6a		
Revenue	b	. ,	from fundraising events (not including \$ of contributions	_	
£			ng events reported on line 1) (attach Schedule G if the sum of such		
		gross income a	and contributions exceeds \$15,000) 6b		
	c		penses from gaming and fundraising events 6c	_	
	_d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a		inventory, less returns and allowances 7a 7b	_	
	b c	Less: cost of g	goods sold 7b r (loss) from sales of inventory (Subtract line 7b from line 7a)	70	
	8		(describe in Schedule 0)		
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	153,430.
	10	Grants and sim	nilar amounts paid (list in Schedule O)	10	
	11	Benefits paid to	o or for members	11	
ses	12		compensation, and employee benefits		111,000.
Expenses	13		ees and other payments to independent contractors		8,054. 6,650.
Exp	14	Occupancy, rei	nt, utilities, and maintenance	14	3,196.
	15 16	Other expenses	cations, postage, and shipping Is (describe in Schedule O) SEE SCHEDULE O	15	9,001.
	17		es. Add lines 10 through 16		137,901.
<i>(</i> 0	18		ficit) for the year (Subtract line 17 from line 9)		15,529.
sets	19	Net assets or f	fund balances at beginning of year (from line 27, column (A))		
Net Assets			vith end-of-year figure reported on prior year's return)		0.
Net	20		s in net assets or fund balances (explain in Schedule O)		0.
	21		fund balances at end of year. Combine lines 18 through 20	21	15,529.
LHA	A For	r Paperwork Red	duction Act Notice, see the separate instructions.		Form 990-EZ (2016)

632171 12-08-16

	CANCER	RESEARCH	FOUNDATION	-
Form 990-EZ (2016)	CHICAGO	CHAPTER		

Pa	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	oond to any que	stion in this Part II			X
				(A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		0.	22		18,591.
23		and buildings			23		
24		assets (describe in Schedule 0)			24		
25		assets		0.	25		18,591.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		0.	26		3,062.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		0.	27		15,529.
Pa	art III	Statement of Program Service Accomplishmer	nts (see the instr	uctions for Part III)		E	kpenses
		Check if the organization used Schedule O to resp	oond to any ques	stion in this Part III			for section
Wha	at is the o	organization's primary exempt purpose?FUNDING CANCER			RE		and 501(c)(4) ons; optional for
Desc	ribe the o	rganization's program service accomplishments for each of its three largest program	services, as measured by ex	xpenses. In a clear and concise		others.)	ono, optional for
		be the services provided, the number of persons benefited, and other relevant inform					
28	IN I	ITS INITIAL SHORT YEAR THE ORGAN	IZATION FO	CUSED ON			
	ORGA	ANIZING AND DID NOT OFFER ANY GR	ANTS FOR 2	016.			
	(Grants	\circ \$ 0 \bullet) If this amount includes foreign g	rants, check here			28a	Ο.
29	<u> </u>		,				
	(Grants) If this amount includes foreign g	rants, check here			29a	
30	(00		,				
	(Grants) If this amount includes foreign g	rants check here		_	30a	
31				· · · ·			
01	(Grants		arants chock horo			31a	
32	<u> </u>					32	0.
		List of Officers, Directors, Trustees, and Key E		one even if not compensated - s			
	41 L I V	Check if the organization used Schedule O to resp			00 110		
			(b) Average hours		 (d) не	alth benefits,	(e) Estimated
		(a) Name and title	per week devoted	to compensation (Forms	cont	ributions to	amount of other
			position		olans,	and deferred	compensation
MR	S. Z	A. NIKITAS				peneaton	
-	AIRN		1.00	0.		0.	0.
		NOARD	1.00			••	<u>.</u>
	EASU		1.00	0.		0.	0.
		• LOCKE	1.00			0.	<u> </u>
	ESII		1.00	0.		0.	0.
		. KINNEAR	1.00	0.		0.	0.
	RET		1.00	0.		0.	0.
		• NAVARRO	1.00	0.		0.	0.
			40.00	60,000.		0	0
	EC01	TIVE DIRECTOR	40.00	60,000.		0.	0.
			4				
			4				
			1				
			1				
			1				
			1				

2

CANCER RESEARCH FOUNDATION -CHICAGO CHAPTER

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V V 3 Dit the optication in this Part V X 3 Dit the optication in this Part V X 4 X Yes any significant achily not previously reported to the ISS2 If Yes," provide a detailed description of each achieved to the reparation of yes and the optication in this Part V X 4 Wes any significant dranges rate to the optications on none Outrie to the ISS2 If Yes," provide a detailed description of each achieved to the optication in the optication in the optication of society of the amended documents if they refer to the optication in the optication in the optication in the optication in the optication of the optication in the optication op	Form	990-EZ (2016) CHICAGO CHAPTER 81-2771	469		Page 3
3 Did the organization engage in any significant activity not previously reported to the IRS7 If Yes, "provide a detailed description of each activity is Schedule 0. 33 X 24 Wrea ary significant changes multicate to the organization is anno. Divorde, explain the change is Schedule 0 (see instructions) 34 X 35 Did the organization is and the organization is anno. Divorde, explain the change is Schedule 0 (see instructions) 36 X 36 Wrea ary significant activity is change is schedule 0 (see instructions) 36 X 37 Y (see in los 2a, has in explanation like a i core 900-1 for the yea? If Yee, "provide an explanation is Schedule 0 36 X 38 Did the organization is schedul 0 (see instructions) 37 C 36 X 39 Test is innex 3a, has in explanation like a i core 900-1 for the yea? If Yee, "provide an explanation is Schedul 0 36 X 30 Did the organization infere or schedul 10 (see instructions) 37a C 36 X 30 Did the organization infere or schedul 10 (see instructions) 37a C 36 X 31 Test is annowing the schedul 12 (see instructions) 37a C 37b X 32 Did to organization schedul 30 (see instructi	Pa				
33 bit the organization engage in any significant calcely on powering boundary equited to the IHSP IT Yes, "provide a detailed description of each of the organization is name, Obscription, explain the change on Schedule 0 (see instructions) 33 X 34 Were any significant change to the organization is name, Obscription, explain the change on Schedule 0 (see instructions) 34 X 35 ID the organization have under the using to the organization is name, Obscription, explain the change on Schedule 0 (see instructions) 36 X 36 IV Yes (in instance to the organization is name of \$1,000 or more during the year (To the isses achietic is schedule to (see instructions) 36 X 37 IV Here (instance to the organization is schedule Cole) 36 X 36 X 38 IV Yes (instance to the organization is schedule Cole) 37 Cole 38 X 39 IV Here (instance to the organization is schedule Cole (Cole) (1), 150 (1)(1), 1		instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		
activity in Schedule 0 33 X 4 Ware any split frame data to the organization's name. Otherwise, public the totage instructions) 34 X 55 0 If the organization have unstated to the organization's name. Otherwise, public the name of the organization's names of the name of \$1,000 or more during the year from business activities (such as those reported of the year 21 the year 1000 or \$1,000 or more during the year from business activities (such as those reported of the year 21 the year 1000 or \$1,000 or more during the year 1000 or \$1,000 or more during the year 21 the year. The organization is believed to \$2,000 or more during the year 21 the year. 36 X 36 D the organization of the organization is the totage schedule 0, \$2,000 or more during the year 21 the year. 37 X 37 Extension of the origination of the year 21 the year 21 the year and the origination of the tasket during the year 21 the year. 38 X 38 D the origination borrow from r, mide any tasks to, any officer, director, truster, or key employee or were any such loans made in a prior year and slit outstanding at the end of the task year accessed by this statur? 38 X 39 D the originations. Finter amount to twine origin any sociation or the any the stature or the origin county. 0 0 0 0 30 Section 501(c)(2) orig				Yes	No
34 We any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the arended documents if they refats a change to the organization state of the roganization state of the roganization into a form 900-1 for the year? If No," provide an explanation in Schedula () exist in	33				37
documents if they reflect a change to the organization same. Ohrewise, explain the change on Schedule () see instructions) 34 X 35a of bit the organization has underded business gross income of \$1,000 or more during the year form business activities (such as those reported in the 2, 6a, and 7a, among others)? 35b X b 11*5er (Such as the organization isde a form 990-1 for the year? If No; provide an explanation in Schedule () year (such as those reported in the state of the organization aschedule 5(4), 601 (c)(5), or 501 (c)(5), or			33		
35a Difference of the cognization have encreted business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others/9) 35a MX 35a MX 9 "N'ss' to lines A, has the organization line a form 990-1 for the year? If %c, 'provide an explanation in Schedule 0 35a XX 9 "N'ss' to lines A, has the organization line a form 990-1 for the year? If %c, 'provide an explanation in Schedule 0 35a XX 36 Diff the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) noice, reporting, and provy tax requirements for indirect, an described in the instructions 27a 0. 37a Diff the organization induced on inter 9 37a XX 38a XX 38a Diff the organization induced on line 9 38a XX 38a Diff the organization induced on line 9 38a XX 38a Diff the organization induced on line 9 38a N/A 38a Diff the organization induced on line 9 0. 38a N/A 38a Diff the organization induced on line 9 0. 38a N/A 38a Diff the organization organization appair har yos section 40100. 0. .	34		24		v
on lines 2, 6a, and 7a, among others)? 35a X b If Yes's to lines 3b, task the organization field a form 990-T for the year? If Yeb, 'provide an explanation is Schedule 0. 35b N/A c Was the organization a section 607(c)(4), 601(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, 'complete Schedule C, Part II 36c X 37b Diff the organization and cop a logistion, dissolution, timenation, or significant disposition of ret assets during the year? If Yes, 'complete Schedule P, Part II 37c 37b X 38 Diff the organization inter of significant disposition of ret assets during the year? If Yes, 'complete schedule P, Part II and enter the total amount involved 37b X 38 Diff the organization inter of normal any loans to, any officar, director, truste, or key employee or were any such taans made in a prior year and still oxistanding at the end of the tax year covered by this return? 38b N/A 39 Brow and count involved 38b N/A 38a X 30 Cross receipts, included on line 9, for public use of club facilities 0, : section 4910 b, 0, 0, : section 4917 b, 0, 0, : section 4917 b, 0, : section 4912 b, 0, 0, : section 4912 b, 0, 0,	25 a		34		
b 1''es' to line 30a, has the organization line da Form 390-1 for the year? II 'No,' provide an explanation in Schedule 0	00 a		35a		x
c Was the organization assection 501(c)(4), 001(c)(6) or 001(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year // 11 Yes, "complets Schedule (.P art III 356 X 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, "complets Schedule (.P art III 372 0 356 X 38 Did the organization brow from (or, make any biosits or, any officer, director, trustee, or key employee or were any such loans made in a prior year and still oustanding at the ead of the tax year covered by this return? 38a X 39 Did the organization. Scher and on the tax year covered by this return? 38a N/A 39 Bid resc: councils control to the program of the organization during the year of the reganization. Scher and on the total amount involved 39a N/A 39 Bid resc: councils control to the organization during the year of the organization schere and on the organization and organization and program to the ange in any section 4955 ▶ 0 0. b Bid section 501(c)(3), 001(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on the organization in a prof year that has not been reported on any of ta pror forms 980 or 980-E27 H Yes, "complets Schedule I., Part I 0. . 40b by the organization 355 Located at IP Xes, Complets Schedule I., Part I 0. . . 41 List the states with which a copy of this return is filed > LL LL	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O		N/	
requirements during the year? If Yes; complete Schedule C, Part III 35 bit the organization undergo a legidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; complete applicable parts of Schedule N 36 bit the organization file form 1120-P0L for this year? 37 a Inter amount of polital expenditures, direct in inferct, as described in the instructions 37 a [Tre amount of polital expenditures, direct in inferct, instead, or key employee or were any such loans made in a prory year and still obstanding at the end of the kay accovered by the requires and still obstanding at the end on the kay accovered by the requires and still obstanding at the end on the kay accovered by the requires and capital combines included on line 9 38 bit N/A 38 a bit the organization beform 1100-D0. This year? 38 bit N/A 39 a Schorin 501(c)(2) organizations. Enter 0. ; section 495 bit organization during the year of did it mipsed on the organization during the year of did it mipsed on the organization engage in any section 495 bit organization and the prof forms 900 or 900-E27 if Yes; complete Schedule L, Part I 0. ; section 491.bit of yes, organizations. But the organization engage in any section 495 bit organization and appl or organizations. Enter amound of tax mones of a supplication books are in care of bit ALEXANDRA NIKITAS 0. ; 212-63 0-0055 10 a dramatic bit obset or organization should be the sequitation was plan an other authority were and the torganization maintains any dime engine and were order authority. 0. ; 212-63 0-0055 2 a dramatic dime the seque or organization should and the seque or bit authority. 312-63 0-0055					
complete applicable parts of Schedule N 38 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37a Bit the organization bits form 1120-POL for this year? X 38a X 38a Did the organization borow form, or make any leans ito, any officer, director, trustee, of key employee or were any such leans made in a prior year and still outstanding at the end of the tox year covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter 38b N/A 38a X 30 Section 501(c)(7) applicables. Their amount of the organization during the year under: section 4011) 0. y: section 4012 0. ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of the organization engape in an excess beenfit trussaction during the year, or did le angge in an excess beenfit trussaction in a prior year that has not been reported on any of its prior forms 990 org90-E27 if Yes; complete Schedule L, Part I 0. X 40b X Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4953, and 4939. 0. 40b X 41 List the states with which a copy of this return is filled ▶ IL List Yes No Xex The organization by a prior prime 390		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
372 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b 00 the organization for form 1120-POL for this year? 37b X 38a Diff the organization form on, or make any disting, any officer, director, trustee, or key employee or were any such bans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Bott the organization. Enter 38a N/A 39 Bott the organization. Enter 38a N/A 39 Bott the organization. Enter amount of tax imposed on the organization during the year under: section 4910 0. ; section 4935 0. 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization engage in any section 4915. 0. 40a 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquirid persons during the year, ord at lengage in an excess benefit tarsaction 412. 0. X 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquirid persons during the year, disk organization. Enter amount of tax imposed on organization managers or disquirid persons during the year, year, disk organization. Start and the organization have an line section 4912. 0. 40e X	36				
b bit the organization for Form 1120-POL for this year? 37b X 38a Did the organization brow form, or make any tasts, cany office, director, truste, or key employee or were any such bans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b X/A b If Yes; complete Schedule L, Part II and enter the total amount involved 38b N/A B Section 501(c)(3) organizations. Enter 38b N/A a Initiation fees and capital contributions included on line 9 38b N/A 40e Section 501(c)(3), organizations. Enter 0.; section 4915 0. 5 Section 501(c)(3), organizations. Enter amount of tax imposed on organization engage in an excess benefit transaction in a pitor year that has not been reported on any of tay informs 990 or 990-E21 W res; complete Schedule L, Part II 40b X 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year under sections 4912, 4955, and 4958 0. 40b X 11 List the states with which a copy of this return is flad > LL 12 12 12 12 23.00 - 00.55 Locat at $\frac{33.2 - 6.30 - 00.55}{210 + 4 + 60.657}$ 12 12 12 12 12 12 12 12 12 12 12 12 12 12					X
38a Did the organization borrow form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X b If Yes," complete Schedule L, Part II and enter the total amount involved 38a N/A 39a Exton 501(c)(3) organizations. Enter: 39a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year ord it enage in any section 4956 ▶ 0. 0. 5 section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 ▶ 0. 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ▶ 0. 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disquilled persons during the year under sections 4912, 4956, and 4958 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization manages or disquilled persons during the year under sections 4912, 4956, and 4958 0. 7 Harganizations Do A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization manages or disquilled persons during the year under sections 4912, 4956, and 4958 0. 7 Harganizations Dots are clear that we an interest in or a signature or other authority our a financial accounty (17 Yes," complete form 8886-T 40e X	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		37
in a prior year and still outstanding at the end of the tax year covered by this return? 380 N/A b If Yea; complete Schedule L, Part II and enter the total amount involved 380 N/A 38 Section 501(c)(3) organizations. Enter 99 N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 99 N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in any section 4956 bcccss benefit transaction during the year, or did it engage in any section 4956 bcccss benefit transaction during the year, or did it engage in any section 4956 bcccss benefit transaction fully (0), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. 41 List the states with which a copy of this return is filed ▶ LL 1L 406 X 42 The organization is books are in car of ▶ ALEXANDEA NTKITAS Telephone no. ▶ 3122-630-0055 120-630-0055 12 Load at ₽ 3354 N PAULINA 208, CHTCAGO, TL ZIP + 4 60657 420 X 42 The organization is a torigon country: ▶			37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 388b N/A 38 Section 501(c)(7) organizations. Enter: 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 39a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0.; section 4955 0. 5 Section 501(c)(3), ontol(14), and 501(c)(29) organizations. Did the organization engage in any section 4955 0. 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dispatiled persons during the year unduring the sections 4912, 4955, and 4958 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any organizations managers or dispatilied persons during the year unduring the year year with wholes aco	38 a		200		v
39 Section 50 t(c)(7) organizations. Enter: 39a N/A 39 Bords receipts, included on line 9, for public use of club facilities 39b N/A 40 Section 50 t(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 ▶ 0.+ 0.+ section 4915 ▶ 0.+ 5 Section 50 t(c)(3), 50 t(c)(4), and 50 t(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior forms 990 or 990 repolites Schedule L. Part I 40b X c Section 50 t(c)(3), 50 t(c)(4), and 50 t(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 ● 0.+ 0.+ 40c X c Section 50 t(c)(3), 50 t(c)(4), and 50 t(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40c X 11 List the states with which a copy of this return is fled ▶ II. 212 7630 - 0055 20-0 312 - 630 - 0055 12 The organizations boks are in care of ▶ ALEXANDRA NIKITAS Telephone no. ▶ 312 - 630 - 0055 219 + 4 ▶ 606577 14 List the states with which a copy of this return is fled ▶ II. 210 210 + 4 ▶ 606577 210 + 4 ▶ 60657	h		308		
a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club hacilities 0, i section 495 > 0. do Section 501(c)(3), organizations. Enter amount of tax, imposed on the organization during the year under: section 4911 > 0; section 4912 > 0; section 4955 > 0 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ring or year that has not been reported on any of its prior forms 990 or 990-E27 If 'ves,' complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958 0 0 e All organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958 0 0 e All organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958 0 0 e All organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958 0 0 e All organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958 0 0 e All organization Auge Year 0 0 0 e All organization maragers or disqualified persons during the year? to regrotina pary to a prohibited tax shelter transaction			1		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0.; section 4955 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 0. 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912, 4955, and 4958 0. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912, 4956, and 4958 0. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization. Analy time during the tax year, was the organization a party to a prohibited tax shefter transaction 11 (Ves); Complete Form 8806-1 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter transaction 11 (Ves); Complete Form 8806-1 312-630-0055 Located at > 3354 N PAULINA 208 , CHICAGO , IL 2IP + 4 606557 b At any time during the calendar year, did the organization nave an interest in or a signature or other authority over a financial account in a foreign country; 2IP + 4 606557 b At any time during the calendar year, did the organization maintan an office outside the United States? 42b					
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year; or did it engage in a nexcess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year; under sections 4912, 4955, and 4958. 0. . c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T . <			1		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prory year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40b X 40b X 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 40c X 41 List the states with which a copy of this return is filed ▶ IL Telephone no. ▶ 312-630-0055 210-4 60657 41 X the organization's books are in care of ▶ ALEXANDRA NIKITAS Telephone no. ▶ 312-630-0055 210-4 60657 5 A tary time during the calendar year, dif the organizaton have an interest in or a signature or other authority over a financial account is of foreign country: ▶ 210 Yes N/A 42b <t< td=""><td>40 a</td><td>Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:</td><td>1</td><td></td><td></td></t<>	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax online 40c reimbursed by the organization 0. 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T 0. 0. 11 List the states with which a copy of this return is filed ▶ IL 10e X 22 The organization's books are in care of ▶ ALEXANDRA NIKITAS Located at ▶ 3354 N PAULINA 208, CHICAGO, IL Telephone no.▶ 312-630-0055 2 Located at ▶ 3354 N PAULINA 208, CHICAGO, IL ZIP + 4 ▶ 60657 b At any time during the calendar year, did the organization have an interest in or a signature or other financial accountly 12P + 4 ▶ 60657 c At any time during the calendar year, did the organization maintain an office outside the United States? 12P + 4 ▶ 60657 c At any time during the calendar year, did the organization maintain an office outside the United States? 12P + 4 ▶ 60657 c At any time during the calendar year, did the organization neoperate one or more hospital facili		· · · · · · · · · · · · · · · · · · ·			
of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. .	b				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 0. 41 List the states with which a copy of this return is filed ▶ IL 1L 222 The organization shocks are in care of ▶ ALEXANDRA NIKITAS Telephone no. ▶ 312-630-0055 Located at ▶ 3354 N PAULINA 208, CHICAGO, IL ZIP + 4 ▶ 60657 b At any time during the calendar year, did the organization have an interest in or a signature or other financial account; over a financial account; (such as a bank account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42e if "Yes," enter the name of the foreign country: ▶			4.01		v
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 0. 41 List the states with which a copy of this return is filed ▶ IL 12 42a The organizations books are in care of ▶ ALEXANDRA NIKITAS Located at ▶ 3354 N PAULINA 208, CHICAGO, IL Telephone no. ▶ 312-630-0055 Located at ▶ 3354 N PAULINA 208, CHICAGO, IL ZIP + 4 ▶ 606577 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: b Yes No See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization operate one or more hospital facilities during the year			400		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed ▶ 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ↓ 0. 40e X 41 List the states with which a copy of this return is filed ▶ IL IL ↓ 42a The organization's books are in care of ▶ ALEXANDRA NIKITAS Telephone no. ▶ 312-630-0055 Located at ▶ 3354 N PAULINA 208, CHICAGO, IL ZiP + 4 ▶ 60657 b At any time during the calendary year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: Nore a financial account in a foreign country: Nore exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ¥2b X 42b X If "Yes," enter the name of the foreign country: Nore exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ¥2c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check hree and enter the amount of tax-exempt interest received or accrued during the tax year ▲3 N/A 44a X Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the org	C				
by the organization 0. c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 8886-T tass with which a copy of this return is filed > IL 40e X Located at > 3354 N PAULINA 208, CHICAGO, IL	d				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T 40e X 41 List the states with which a copy of this return is filed > IL 12 The organization's books are in care of > ALEXANDRA NIKITAS Telephone no. > 312-630-0055 Located at > 3354 N PAULINA 208, CHICAGO, IL ZIP + 4 > 60657 60657 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). Yes No sectornt? If "Yes," enter the name of the foreign country: > 42e X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42e X 43 Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a X b) did the organization neer more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b) Did the organization neer on or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44e X b) Did the organization nec	-				
41 List the states with which a copy of this return is filed ▶ IL 42a The organization's books are in care of ▶ ALEXANDRA NIKITAS Located at ▶ 3354 N PAULINA 208, CHICAGO, IL Telephone no. ▶ 312-630-0055 2IP + 4 ▶ 60657 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No If "Yes," enter the name of the foreign country: ▶ 42b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country: ▶ 43 N/A 44a X X 43 N/A 45a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 43 N/A 44a X b Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X 6 Did the organization need and a rom 720 to report these payments? If "No," provide an explanation in Schedule O 44d X 6 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	e				
41 List the states with which a copy of this return is filed ▶ 1L 42a The organization's books are in care of ▶ ALEXANDRA NIKITAS Located at ▶ 3354 N PAULINA 208, CHICAGO, IL Telephone no. ▶ 312-630-0055 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 42b X If "Yes," enter the name of the foreign country: ▶ 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c c At any time during the calendar year, did the organization maintain an office outside the United States? 43 M*Yes," enter the name of the foreign country: ▶ 43 X/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 43 N/A 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization neceive any payments for indoor tanning services during the year? 1 "No," provide an explanation in Schedule O 44d X 45a Did the organiz			40e		X
Located at ▶ 3354 N PAULINA 208, CHICAGO, IL ZIP + 4 ▶ 60657 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No If "Yes," enter the name of the foreign country: ▶ 42b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country: ▶ 42c X If "Yes," enter the name of the foreign country: ▶ 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▲ 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization inceive any payments for indoor tanning services during the year? 44c X 44b X 45a Did the organization have a controlled entity within the meaning of section 512((b)(13)? 45a X </td <td></td> <td></td> <td></td> <td><u> </u></td> <td></td>				<u> </u>	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes If 'Yes," enter the name of the foreign country:	42 a	The organization's books are in care of \blacktriangleright ALEXANDRA NIKITAS Telephone no. \blacktriangleright 312-6.	$\frac{10-0}{10}$	055	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country: 42b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X if "Yes," enter the name of the foreign country: 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44b X 45a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 45a X			005	/	
account)? 42b X If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country: > 42c X If "Yes," enter the name of the foreign country: > 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here > > > 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X c Did the organization receive any payments for indoor tanning services during the year? If "Yes," provide an explanation in Schedule O	D			Ves	No
If "Yes," enter the name of the foreign country:			42b	103	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 M/A Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	C		42c		Х
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d 44d 44d 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 					
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 a X c Did the organization receive any payments for indoor tanning services during the year? 44 b X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44 d 44 d 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 a X	43			🕨	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		and enter the amount of tax-exempt interest received or accrued during the tax year	IN / A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b				Ves	No
Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44a X c Did the organization receive any payments for indoor tanning services during the year? 44b X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b 45b	44 a	Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of			
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b X of Form 990-EZ 44c X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b 45b			44a		Х
c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	b				
c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		of Form 990-EZ	44b		
in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		Did the organization receive any payments for indoor tanning services during the year?	44c		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 45 a X 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b 45 b	d				
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section Image: Controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Image: Controlled entity within the meaning of section	4-	in Schedule O			v
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			45a		_ A
	U		45h		
				90-EZ	(2016)

632173 12-08-16

11130916 758290 458030

orm	990-EZ (2016) CHICAGO CHAPTER				81-2771	469	-	Page
3	Did the organization engage, directly or indirectly, in political campaign activitie	e on hehalf of a	n in annasitia	n to candidates for nu	ublic office?		Yes	
,	If "Yes," complete Schedule C, Part I					46		x
a	rt VI Section 501(c)(3) organizations only							
	All section 501(c)(3) organizations must answer questions 47	49b and 52,	and complet	te the tables for line	s 50 and 51.			
	Check if the organization used Schedule O to respond to any	question in t	his Part VI .					
							Yes	
	Did the organization engage in lobbying activities or have a section 501(h) elec					47		X X
}	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," c					48		X
	Did the organization make any transfers to an exempt non-charitable related or					49a 49b		
U)	If "Yes," was the related organization a section 527 organization?						eceived	mor
	than \$100,000 of compensation from the organization. If there is none, enter "		10013, 11100101	3, ii u 31003, and key of		aonn		mon
	(a) Name and title of each employee	(b) Avera per week o posi	devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferre	am	e) Estim ount of	othe
_	NONE	, , , , , , , , , , , , , , , , , , ,			compensation			
						+		
						+		
f	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE							
	(a) Name and business address of each independent contractor		(b) Type of service	(C)	Comp	ensatio	n
_								
d ?	Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organization completed Schedule A	ations must atta		►		ΧY		

Sign Here	Signature of officer			Date	
Here	ALEXANDRA NIKITAS,	CHAIRMAN			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid	GOETTSCHE TRANEN			self- employed	
Prepare	, WINTER & RUSSO		09/16/17		P00632828
Use Only	, Firm's name ► GOET"TSCHE TR) RUSSO		6-3476090
	Firm's address ► 7383 N LINC			Phone no. 84	7-679-8500
	LINCOLNWOOD	, IL 60712			
May the IRS	discuss this return with the preparer shown above	ve? See instructions			🕨 🔀 Yes 📃 No
					Form 990-EZ (2016)

632174 12-08-16

SCHEDULE A		Dublic Cho	rity Status on		slia Cr	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status an					2016
			47(a)(1) nonexempt cha					
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F					Open to Public Inspection
			(Form 990 or 990-EZ) and		ions is at W	ww.irs.gov/to		identification number
Name of the organizati		AGO CHAPTE	H FOUNDATION R	-				1-2771469
Part I Reason			All organizations must co	omplete th	is part.) Se	e instruction		1 2//1405
The organization is not a								
			on of churches describe					
			Attach Schedule E (Forn		• • •			
3 A hospital or	a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	ii).		
4 A medical res	earch organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat								
-	-		llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in
		Complete Part II.)	aantal wait daaaribad in .	anation 1	70/6\/4\/A\	6.0		
	-	-	nental unit described in ntial part of its support f				the general	nublic described in
		complete Part II.)		ionia gov	erninentai		ne general	
			(1)(A)(vi). (Complete Par	t II.)				
			in section 170(b)(1)(A)(-	ed in conju	inction with a	land-grant	college
or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
university:								
			than 33 1/3% of its sup					
			ct to certain exceptions,					
		mplete Part III.)	(less section 511 tax) fr		esses acqu	lired by the o	gamzation	alter Julie 30, 1975.
		• •	ively to test for public sa	afety. See	section 50)9(a)(4).		
	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
more publicly	supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). C	heck the box in
	-		of supporting organizatio				-	
			upervised, or controlled					
	-	on(s) the power to re complete Part IV, Se	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting
			l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	vina
			anization vested in the s			-		-
		st complete Part IV,						
c 🔄 Type III fur	nctionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
	•	. , .	s). You must complete I					
	•		orting organization oper				0	()
		с с	zation generally must sa nplete Part IV, Sections	•		•	a an attenti	veness
		,	written determination fro				II Type III	
	-		nally integrated support			, . , . , . , pe	n, 19po m	
f Enter the number								
g Provide the follow	-			(iv) Is the orac	nization listed			
(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No			
						L		
Total								
LHA For Paperwork Re	duction Act N	Notice, see the Instr	uctions for Form 990 o	or 990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CHICAGO CHAPTER Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
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	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I					14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			▶∟
k	33 1/3% support test - 2015. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17 a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop I	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶∟
k	0 10% -facts-and-circumstances tes	t - 2015. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Cab	dule A (Eorm 990	000 EZ) 0046

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

11130916 758290 458030

Schedule A (Form 990 or 990-EZ) 2016 CHICAGO CHAPTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					153,431.	153,431.
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						
6	Total. Add lines 1 through 5					153,431.	153,431.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						Ο.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						153,431.
	Public support. (Subtract line 7c from line 6.)						100,401.
		(-) 0010	(1-) 0010	(-) 001 ((-1) 0015	(-) 0010	(6) T = + = 1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 153,431.	(f) Total 153,431.
	Amounts from line 6 Gross income from interest,				+	133,431.	100,4010
108	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					153,431.	153,431.
	First five years. If the Form 990 is fo	r the organization?	s first, second, th	ird, fourth, or fifth t	tax vear as a secti	-	-
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				, <u>,</u> <u>,</u> <u>,</u>
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve						,,,
	Investment income percentage for 20					17	%
	Investment income percentage from		B			18	%
	33 1/3% support tests - 2016. If the		· ·				
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2015. If the						
~	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization			•		e e	
	23 09-21-16	and not onoon a				nedule A (Form 990	
				7			

11130916 758290 458030

Schedule A (Form 990 or 990-EZ) 2016 CHICAGO CHAPTER

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

8

2016.04020 CANCER RESEARCH FOUNDATION

632024 09-21-16

11130916 758290 458030

Schedule A (Form 990 or 990-EZ) 2016

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

458030 1

Yes No

Sche	dule A (Form 990 or 990-EZ) 2016 CHICAGO CHAPTER 81–2	77146	9 Pa	nde 5
Par				.go e
			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		
Sec	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		
Sec	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		
Sec	tion D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
-	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 yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instantiation of the second day how the second day h	structions		
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	0-		
	that these activities constituted substantially all of its activities.	2a		
a	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. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
60000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>الم</u>	2010
032025	5 09-21-16 Schedule A (Form 9	220 01 2	EZ)	2010

11130916 758290 458030

CANCER RESEARCH FOUNDATION -Schedule A (Form 990 or 990-EZ) 2016 CHICAGO CHAPTER

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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete 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	1b		
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 Part VI):			
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	v integrate	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

	dule A (Form 990 or 990-EZ) 2016 CHICAGO CHAP'I'			1-2//1469 Page7
Pa	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	-		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

11130916 758290 458030

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part IV, Part IV, Sector J, Part IV, Sector J, Sector J, San S, Ang Mey D, Part IV, Sector J, Lines 11, 23, 30, 30, 40, 65, 58, 46, 80, 90, 90, 11, 110, and 11, Part IV, Sector B, Jines 11, 5, and 30, Part V, Sector B, Jines 11, 5, and 30, Part V, Sector B, Jines 11, 5, and 30, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, 40, and 30, Part V, Sector B, Jines 11, 5, and 30, and 24, Part V, Sector B, Jines 11, 24, 20, 30, 40, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, 40, and 30, Part V, Sector B, Jines 11, 24, 20, 30, and 30, Part V, Sector B, Jines 11, 24, 20, 30, and 30, Part V, Sector B, Jines 11, 24, 20, 30, and 30, Part V, Sector B, Jines 11, 24, 24, 30, and 30, Part V, Sector 11, and 30, and 30	Schedule A	(Form 990 or 990-EZ) 2016	6 CHICAGO	CHAPTER				71469 _{Pa}
	Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	r mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explanatio 4c, 5a, 6, 9a, 9b, 9 art IV, Section E, I)c, 11a, 11b, and 1 ines 1c, 2a, 2b, 3a	1c; Part IV, Sectio , and 3b; Part V, lir	line 17a or 17b; Part III n B, lines 1 and 2; Part ne 1; Part V, Section B,	, line 12; IV, Section C, line 1e; Part V
32028 09-21-16 Schedule A (Form 990 or 990 12	32028 09-21-1	16			1 0		Schedule A (Form 99	90 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

Employer identification number

CANCER	RESEARCH	FOUNDATION	-

CHICAGO CHAPTER

81-2771469

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization CANCER RESEARCH FOUNDATION -CHICAGO CHAPTER

81-2771469

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
1	CANCER RESEARCH FOUNDATION PO BOX 493 CHICAGO , IL 60690	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a)	(b)	(c)	Type of contrib Person X Payroll Noncash (Complete Part II for noncash contribution Q (d) Type of contrib Person Q Payroll Q Noncash Q (Complete Part II for Noncash Noncash Q (Complete Part II for Noncash (Complete Part II for Noncash Noncash Q (Complete Part II for Noncash Noncash Q (Complete
No.	Name, address, and ZIP + 4	Total contributions	
		\$	Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Payroll

Schedule B (F	⁻ orm 990,	990-EZ, or	990-PF)	(2016)
---------------	-----------------------	------------	---------	--------

Name of organization

CANCER RESEARCH FOUNDATION -CHICAGO CHAPTER

81-2771469

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. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	990, 990-EZ, or 990-PF)

11130916 758290 458030

ame of orgar	Form 990, 990-EZ, or 990-PF) (2016) nization		Pag Employer identification number			
ANCER	RESEARCH FOUNDATION -					
HICAGO Part III	CHAPTER Exclusively religious, charitable, etc., contrib	utions to organizations described	81-2771469 Tin section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete colu completing Part III, enter the total of exclusively religious, c	umns (a) through (e) and the follo	Wing line entry. For organizations			
	Use duplicate copies of Part III if additional	space is needed.				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
_						
-	-					
-		(e) Transfer of gif	l			
		(-,	-			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
-						
-						
a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	-					
L-						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	,,					
-						
-						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
_						
-	-					
-		(e) Transfer of gif	l			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						
a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	-					
-	-					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
Γ-						
-						
454 10-18-16	B	16	Schedule B (Form 990, 990-EZ, or 990-PF) (2			

11130916 758290 458030

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. 2016 Open to Public Inspection

3,062.

OMB No 1545-0047

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

 CANCER RESEARCH FOUNDATION Employer identification number

 CHICAGO CHAPTER
 81-2771469

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:AMOUNT:MISCELLANEOUS91.PAYROLL TAXES8,910.TOTAL TO FORM 990-EZ, LINE 169,001.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION

BEG. OF YEAR END OF YEAR

0.

ACCRUED PAYROLL

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

17

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic 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 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

CANCER RESEARCH FOUNDATION - 81-2771469 CHI CAGO CHAPTER Social security number (SN) PO BOX 493 Social security number (SN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 0 1 Application Return BF or Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 990-FI (individual) 03 Form 4720 (other than individual) 09 Form 990-FI (individual) 03 Form 8207 10 Form 990-FI (inst other than above) 06 Form 6069 11 Form 990-FI (inst other than above) 06 Form 6069 11 Chead or place of place of business in the United States, check this box					Luter me	a sidenuiyi	ng number
Pile by the date for many production of the problem of the probl	Type or print	int CANCER RESEARCH FOUNDATION -					
Aux disk of with 9 our with 9 our	File by the	CHICAGO CHAPTER				81-2771469	
City, town or post office, state, and ZiP code. For a foreign address, see instructions. CHICAGO, IL 60690-0493 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code Form 990-T (corporation) 07 Form 990 or Form 990-FZ 01 Form 990-T (corporation) 07 Form 990-T (ace. 401(a) or 408(a) trust) 02 Form 870 and 720 (other than individual) 09 Form 990-T (see. 401(a) or 408(a) trust) 05 Form 8870 12 ALEXANDRA NIKTPAS The books are in the care of ▶ 3354 N PAULINA 208 - CHICAGO, IL 60657 Telephone No. ▶ 312-630-0055 Fax No. ▶ If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)	due date for filing your	tte for Number, street, and room or suite no. If a P.O. box, see instructions. Soc			Social se	curity numb	er (SSN)
Application Return Application Return Application Return Is For Code Is For Code	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60690-0493 Enter the Return Code for the return that this application is for (file a separate application for each return)						
is For Code is For Code Form 990 or Form 990 etZ 01 Form 990 T (corporation) 07 Form 990-BL 02 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS If the organization does not have an office or place of business in the United States, check this box	Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			01
is For Code is For Code Form 990 or Form 990 etZ 01 Form 990 T (corporation) 07 Form 990-BL 02 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS If the organization does not have an office or place of business in the United States, check this box	Applicati	on	Return	Application			Return
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS Form 6069 11 Form 900-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS Form 6069 11 Form 900-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS Form 6069 11 Form 900-T (trust other than above) 06 Form 8870 12 It 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) It request an automatic 6-month extension of time until FEBRUARY 15, 2018 , to flie the exempt organization return for the organization named above. The extension is for the organizati	Is For		Code				Code
Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-FF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS Form 8670 12 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)	Form 990	or Form 990-EZ	01	Form 990-T (corporation)	07		
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS 05 Form 6069 11 The books are in the care of ▶ 3354 N PAULINA 208 - CHICAGO, IL 60657 12 12 Telephone No. ▶ 312-630-0055 Fax No. ▶	Form 990	-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS 12 12 The books are in the care of ▶ 3354 N PAULINA 208 - CHICAGO, IL 60657 12 Telephone No. ▶ 312-630-0055 Fax No. ▶	Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-T (trust other than above) 06 Form 8870 12 ALEXANDRA NIKITAS 12 The books are in the care of ▶ 3354 N PAULINA 208 - CHICAGO, IL 60657 160657 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	Form 990	PF	04	Form 5227			10
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 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 group, check this box ▶	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
 The books are in the care of ▶ 3354 N PAULINA 208 - CHICAGO, IL 60657 Telephone No. ▶ 312-630-0055 Fax No. ▶	Form 990	-T (trust other than above)	06	Form 8870			12
3a 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. b 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. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions. 3c \$ 0.	• If this box ▶ [1 I re for ▶[is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning <u>APR 12, 2016</u> he tax year entered in line 1 is for less than 12 months,	Group Exe and atta FEBRI organizatio	emption Number (GEN) I ch a list with the names and EINs of JARY 15, 2018 , to file on's return for: d ending MAR 31, 2017	f this is fo f all memb the exen	r the whole <u>c</u> iers the exter ipt organizat	nsion is for.
nonrefundable credits. See instructions. 3a \$ 0. b 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. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions. 3c \$ 0.	20 If #) or 6060	antar the tentative tax loss any			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and a a estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions. 3c \$ 0.			, 01 0009,	enter the teritative tax, less dily	39	\$	0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions. 3c \$ 0.			9 enter an	v refundable credits and	 	Ψ	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions. 3c \$ 0.					3h	\$	0.
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 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 instructions.						Ψ	•••
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 instructions.			-		3c	\$	0.
	Caution: instructio	If you are going to make an electronic funds withdrawa ns.	ıl (direct de	bit) with this Form 8868, see Form 8		nd Form 887	

Entor filor's identifying number