See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221007060

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CANCER AND LEUKEMIA GROUP B FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
230 W MONROE STREET No 2050

City or town, state or country, and ZIP + 4
CHICAGO, IL 606064703

D Employer identification number
02-0464400

E Telephone number
(773) 702-9856

G Gross receipts $ 15,730,763

F Name and address of principal officer
MARY SHERRELL MA
230 W MONROE STREET No 2050
CHICAGO, IL 606064703

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CALGB ORG/PUBLIC/FOUNDATION/FOUNDATION PHP

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1993 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT RESEARCH ON THE METHODS OF TREATING, MANAGING & PREVENTING CANCER

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of employees (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	38
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	11,970,955	11,617,041
9	Program service revenue (Part VIII, line 2g)	14,353	13,575
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	426,394	319,161
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,411,702	11,949,777
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,446,252	9,517,094
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93,511	155,545
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,512		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	730,840	2,046,201
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,270,603	11,718,840
19	Revenue less expenses Subtract line 18 from line 12	1,141,099	230,937

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	25,746,745	31,987,137
21	Total liabilities (Part X, line 26)	10,092,642	15,085,375
22	Net assets or fund balances Subtract line 21 from line 20	15,654,103	16,901,762

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-08-09
Signature of officer | Date

MARY SHERRELL MA TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HUGH J AHERN CPA	Date 2010-08-09	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DESMOND & AHERN LTD 10827 S WESTERN AVENUE CHICAGO, IL 606433206			EIN ▶ Phone no ▶ (773) 779-4720

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The Foundation was formed for the primary purpose of aiding the work of the Cancer and Leukemia Group B (CALGB) The purpose is accomplished by encouraging and supporting research on the methods of management and treatment of patients with neoplastic diseases, including prevention of such diseases The Foundation also provides education and information in connection with such research

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,992,625 including grants of $ 2,043,532) (Revenue $)

STATISTICAL & DATA MANAGEMENT GRANTS-PROVIDE SUPPORT FOR COSTS INCURRED TO DEVELOP CLINCAL TRIALS, COLLECT PATIENT DATA FROM INSTITUTIONS & ANALYZE DATA FOR PULICATION OF RESULTS OF STUDIES

4b (Code) (Expenses $ 1,614,530 including grants of $ 1,614,530) (Revenue $)

ANCILLARY PROJECT GRANTS-PROVIDE SUPPORT FOR EXPENSES OF MULTIDISCIPLINARY COMPANION STUDIES OF CALGB TREATMENT STUDIES RELATING TO CANCER AND LEUKEMIA RESEARCH

4c (Code) (Expenses $ 4,194,841 including grants of $ 4,194,841) (Revenue $)

INSTITUTION PER-CASE GRANTS-PROVIDE SUPPORT FOR COSTS INSTITUTIONS INCUR IN COLLECTING DATA ON PATIENTS PARTICIPATING IN CLINICAL TRIALS RELATING TO CANCER & LEUKEMIA RESEARCH

(Code) (Expenses $ 2,585,004 including grants of $ 1,664,191) (Revenue $ 13,575)

COMMITTEE CHAIR GRANTS-PROVIDE SUPPORT FOR EFFORT OF CALGB COMMITTEE CHAIRS AND SUPPORT STAFF RELATING TO CANCER AND LEUKEMIA RESEARCH OTHER RELATED PROGRAMS INCLUDE CENTRAL OFFICE RESOURCES, JR FACULTY GRANTS, INSTITUTION GRANTS, LABORATORY SUPPORT, INFORMATION TECHNOLOGY, PUBLICATIONS, MEETINGS AND CONSULTING

4d Other program services (Describe in Schedule O)

(Expenses $ 2,585,004 including grants of $ 1,664,191) (Revenue $ 13,575)

4e **Total program service expenses** ▶ $ 11,387,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	36		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 37		
b	Enter the number of voting members that are independent . .	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARY SHERRELL
230 W MONROE SUITE 2050
CHICAGO, IL 606064703
(773) 702-9856

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD L SCHILSKY MD PRESIDENT	1 00	X		X				0	0	0
MONICA BERTAGNOLLI MD VICE PRESIDENT	1 00	X		X				0	0	0
TRINIDAD AJAZI SECRETARY	1 00	X		X				0	0	0
MARY SHERRELL MA TREASURER/INDEPENDENT CO	16 00	X		X				50,000	0	0
RAFAT ANSARI MD TRUSTEE	1 00	X						0	0	0
JAMES ATKINS MD TRUSTEE	1 00	X						0	0	0
NANCY BARTLETT MD TRUSTEE	1 00	X						0	0	0
CLARA D BLOOMFIELD MD TRUSTEE	1 00	X						0	0	0
DANIEL BUDMAN MD TRUSTEE	1 00	X						0	0	0
HAROLD BURSTEIN MD TRUSTEE	1 00	X						0	0	0
JEFFREY CRAWFORD MD TRUSTEE	1 00	X						0	0	0
KONSTANTIN DRAGNEV MD TRUSTEE	1 00	X						0	0	0
MARTIN EDELMAN MD TRUSTEE	1 00	X						0	0	0
JOHN A ELLERTON MD TRUSTEE	1 00	X						0	0	0
STEPHEN GRAZIANO MD TRUSTEE	1 00	X						0	0	0
STEPHEN GRUBBS MD TRUSTEE	1 00	X						0	0	0
STEVEN GRUNBERG MD TRUSTEE	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIFFORD HUDIS MD TRUSTEE	1 00	X						0	0	0
DAVID HURD MD TRUSTEE	1 00	X						0	0	0
WM KEVIN KELLY TRUSTEE	1 00	X						0	0	0
ANNE KESSINGER MD TRUSTEE	1 00	X						0	0	0
HEDY KINDLER MD TRUSTEE	1 00	X						0	0	0
JEFFREY KIRSHNER MD TRUSTEE	1 00	X						0	0	0
JOHN LEONARD MD TRUSTEE	1 00	X						0	0	0
ELLIS G LEVINE MD TRUSTEE	1 00	X						0	0	0
ROGERIO LILENBAUM MD TRUSTEE	1 00	X						0	0	0
MINETTA LIU MD TRUSTEE	1 00	X						0	0	0
ALAN LYSS MD TRUSTEE	1 00	X						0	0	0
HOWARD OZER MD TRUSTEE	1 00	X						0	0	0
BARBARA PARKER MD TRUSTEE	1 00	X						0	0	0
DAVID J PEACE MD TRUSTEE	1 00	X						0	0	0
MICHAEL C PERRY MD TRUSTEE	1 00	X						0	0	0
BRUCE PETERSEN MD TRUSTEE	1 00	X						0	0	0
CHARLES RYAN MD TRUSTEE	1 00	X						0	0	0
THOMAS SHEA MD TRUSTEE	1 00	X						0	0	0
WILLIAM SIKOV MD TRUSTEE	1 00	X						0	0	0
LEWIS SILVERMAN MD TRUSTEE	1 00	X						0	0	0
DANIEL VAENA MD TRUSTEE	1 00	X						0	0	0
BRENDAN WEISS TRUSTEE	1 00	X						0	0	0
1b Total . . . . . ▶								50,000	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 227,000				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 2,708				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 11,387,333				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		11,617,041			
Program Service Revenue			Business Code				
	2a	GRANT PROCESSING FEE	900,099	13,575	13,575		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		13,575			
	3	Investment income (including dividends, interest and other similar amounts)		456,302			456,302
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	3,643,730	115			
	b	Less cost or other basis and sales expenses	3,780,986				
	c	Gain or (loss)	-137,256	115			
	d	Net gain or (loss)		-137,141			-137,141
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		11,949,777	13,575	0	319,161

Part IX Statement of Functional Expenses

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,517,094	9,517,094		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	50,000		42,500	7,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,012		93,791	4,221
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,533		7,533	
11	Fees for services (non-employees)				
a	Management				
b	Legal	23,875		23,875	
c	Accounting	22,000		22,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	51,585		51,585	
g	Other	5,735		5,735	
12	Advertising and promotion				
13	Office expenses	23,175	6,008	17,167	
14	Information technology	105,568	105,568		
15	Royalties				
16	Occupancy	27,583		25,399	2,184
17	Travel	127,130	122,270	4,860	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	145,256	135,289	9,967	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,193		6,749	444
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	statistical/data supp[o	949,093	949,093		
b	STAFF RETENION PROGRAM	413,729	413,729		
c	INFORMATION SYSTEMS	111,481	111,481		
d	ACCRUAL SOLUTIONS CLINI	23,050	23,050		
e	MISCELLANEOUS	6,191		28	6,163
f	All other expenses	3,557	3,418	139	
25	**Total functional expenses.** Add lines 1 through 24f	11,718,840	11,387,000	311,328	20,512
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		19,196,959	2	13,572,570
	3	Pledges and grants receivable, net		625,657	3	5,181,554
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,169	9	1,305
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 29,940			
	b	Less accumulated depreciation	10b 29,940	0	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		5,835,227	12	13,169,719
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		83,733	15	61,989
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		25,746,745	16	31,987,137
Liabilities	17	Accounts payable and accrued expenses		2,637,809	17	4,860,601
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		7,454,833	25	10,224,774
	26	**Total liabilities.** Add lines 17 through 25		10,092,642	26	15,085,375
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,726,751	27	11,882,717
	28	Temporarily restricted net assets		5,927,352	28	5,019,045
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,654,103	33	16,901,762
	34	Total liabilities and net assets/fund balances		25,746,745	34	31,987,137

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221007060

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER AND LEUKEMIA GROUP B FOUNDATION

Employer identification number
02-0464400

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,396,723	5,395,219	4,492,338	6,805,207	8,997,405	30,086,892
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,396,723	5,395,219	4,492,338	6,805,207	8,997,405	30,086,892
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)						18,538,917
6 **Public Support.** Subtract line 5 from line 4						11,547,975

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,396,723	718,994	4,492,338	6,805,207	8,997,405	30,086,892
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	390,718	718,994	822,863	715,751	456,302	3,104,628
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						33,191,520

12 Gross receipts from related activities, etc (See instructions)	12	69,903

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	34 790 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	36 260 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, 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 assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221007060

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER AND LEUKEMIA GROUP B FOUNDATION

Employer identification number
02-0464400

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	5,244,850	6,188,288			
b	Contributions	995,292	483,727			
c	Investment earnings or losses	1,024,937	-1,371,312			
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	51,385	55,853			
g	End of year balance	7,213,694	5,244,850			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		29,940	29,940	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CERTIFICATES OF DEPOSIT	6,929,215	C
ALTERNATIVE INVESTMENTS	6,240,504	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	13,169,719	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
GRANT ADVANCES	9,271,484
ACCRUED EXPENSES	4,197
STATISTICAL/DATA SUPPORT RESERVE	949,093
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,224,774

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,949,777
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,718,840
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	230,937
4	Net unrealized gains (losses) on investments	4	1,016,722
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,016,722
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,247,659

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	12,966,499
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,016,722		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,016,722
3	Subtract line **2e** from line **1**			3	11,949,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	11,949,777

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,718,840
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	11,718,840
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,718,840

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE BOARD DESIGNATED ENDOWMENT FUND IS SPECIFICALLY DESIGNATED TO SUPPORT FUTURE ACTIVITIES IN CASE OF A FUNDING EMERGENCY, ACCESS TO THESE FUNDS MAY ONLY BE AUTHORIZED BY VOTE OF THE TRUSTEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221007060

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER AND LEUKEMIA GROUP B FOUNDATION

Employer identification number
02-0464400

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221007060

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER AND LEUKEMIA GROUP B FOUNDATION

Employer identification number
02-0464400

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 UNDERGOES A REVIEW BY THE BOARD TREASURER ONCE REVIEWED, THE 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL AND THEN TO THE FULL BOARD PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		The board Compliance Officer reviews the conflict of interest policy at each Board meeting and conflicts are to be disclosed at the time of votes/decisions
Form 990, Part VI, Section B, line 15b		COMPENSATION FOR EMPLOYEE and independent contractor DETERMINED BY AN INDEPENDENT PERSON AND BASED ON COMPARABILITY STUDIES
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL INSTITUTIONAL RESEARCH GRANTS ARE PROPOSED TO AND APPROVED BY THE BOARD OF TRUSTEES Disbursement of funds is monitored by the board treasurer and tracked through the accounting system Grants include support for CALGB Central Office Resources, Support for CALGB statistical/data Management Resources, Support for CALGB Ancillary Research Projects, Support for CALGB committee activities, Support for CALGB Institution activities, Support for CALGB Vice Chair, Support for Junior Faculty research projects, and Support for costs incurred in enrolling/tracking patients on cancer research clinical trials

Additional Data Return to Form

Software ID:
Software Version:
EIN: 02-0464400
Name: CANCER AND LEUKEMIA GROUP B FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Illinois Masonic Medical Center4400 W 95th Street Suite 311 Oak Lawn,IL 60453	36-2169147	501(c)(3) Public Cha	10,674				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
AMERICAN COLLEGE OF RADIOLOGY IMAGING NETWORKBOX 170 CHARLOTTESVILLE,VA 22908	36-3922596	501(C)(3) PUBLIC CHA	24,200				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Aurora Advanced Healthcare Inc1055 N Mayfair Road Suite 200 Wauwatosa,WI 532263436	39-1595302	XX	41,962				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Barnes-Jewish Hospital660 S Euclid Ave Box 8056 St Louis,MO 63110	43-0653611	501(c)(3) Public Cha	22,392				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Bay Area Tumor Institute400 30th St Ste 301 Oakland,CA 94609	94-2176753	501(c)(3) Public Cha	26,212				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Board of Trustees of the University of Illinois840 S Wood Street MC787 Chicago,IL 60612	37-6000511	501(c)(3) Public Cha	26,950				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Brigham & Women's Hospital 75 Francis Street Boston,MA 02115	05-0258937	501(c)(3) Public Cha	98,513				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Buffalo Institute for Medical Research Inc3495 Bailey Buffalo,NY 14215	16-1385680	501(c)(3) Public Cha	10,793				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Cape Cod HospitalCCHC Cancer Service Oncology 27 Park St Hyannis,MA 02601	04-2103600	501(c)(3) Public Cha	5,476				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
CENTRAL NEW YORK RESEARCH CORPORATION SYRACUSE VA MEDICAL CENTER 800 IRVING AVENUE SYRACUSE,NY 13210	16-1365231	501(C)(3) PUBLIC CHA	6,916				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIANA CARE HEALTH SYSTEM INC4701 OGLETOWN-STANTON RD SUITE 2200 2200 NEWARK,DE 197132055	51-0103684	501(C)(3) PUBLIC CHA	138,725				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 021156084	04-2263040	501(C)(3) PUBLIC CHA	258,668				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Duke University Medical Center3100 University Tower Blvd Suite 1310 Box 3198 Durham,NC 27707	56-0532129	501(c)(3) Public Cha	2,381,280				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
East Carolina University Internal Medicine Brody Bldg 600 Moye Blvd PO Box 3E127 Greenville,NC 27834	56-6000403	X	11,250				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
EASTERN MAINE MEDICAL CENTER417 STATE STREET BANGOR,ME 04401	01-0211501	501(C)(3) PUBLIC CHA	8,000				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Elliot HospitalOne Elliot Way Manchester,NH 03103	02-0232673	501(c)(3) Public Cha	8,964				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Faxton-St Luke's Healthcare 807 Newell Street Utica,NY 13502	16-1576637	501(c)(3) Public Cha	10,700				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Florida Hospital2501 N Orange Ave Suite 381 Orlando,FL 32804	59-0724459	501(c)(3) Public Cha	28,778				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Frontier Science & Technology Research Foundation303 Boylston Street Brookline,MA 021467648	16-1056814	501(c)(3) Public Cha	427,850				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Ft Wayne Medical OncologyHematology Inc 4402 E State Boulevard Ft Wayne,IN 46905	35-1400631	X	12,356				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY MEDICAL CENTER3800 RESERVOIR ROAD NW WASHINGTON,DC 200072197	38-1360529	501(C)(3) PUBLIC CHA	95,887				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
GPRMC - CANCER RESEARCHCALLAHAN CANCER CENTER 601 W LEOTA NORTH PLATTE,NE 69103	38-1360529	X	5,250				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Grand Rapids Community Clinical Oncology Program Healthy Quest Surgical Bldg 1900 Wealthy SE Ste 180 Grand Rapids,MI 49506	38-1360529	501(c)(3) Public Cha	9,691				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Greenwich HospitalBendheim Cancer Center 77 Lafayette Pl Greenwich,CT 06830	06-0646659	X	9,920				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
HEALTH RESEARCH INC ELM CARLTON STS BUFFALO,NY 14263	14-1402155	501(C)(3) PUBLIC CHA	216,062				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Hematology-Oncology Associates of the Quad-Cities1351 Kimberly Road Suite 100 Bettendorf,IA 52722	42-1421670	501(c)(3) Public Cha	52,403				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
The Henry M Jackson Foundation for the Advancement of Military MedicineWalter Reed Army Medical Center Washington,DC 203075000	52-1317896	501(c)(3) Public Cha	24,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
IOWA CITY VA RESEARCH FOUNDATION HEMATOLOGY ONCOLOGY 601 HIGH 6 WRM 6W29 IOWA CITY,IA 52246	39-1886437	XX	6,000				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Joliet Oncology-Hematology Associates Ltd2614 W Jefferson street Joliet,IL 60435	36-3915732	X	26,266				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Kaiser Foundation Research Institute4647 Zion Avenue San Diego,CA 92120	94-1105628	501(c)(3) Public Cha	19,824				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kinston Medical Specialists 313 Airport Road Kinston, NC 28501	56-0986098	X	16,248				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Lakes Region General Healthcare (LRG Healthcare) 80 Highland St Laconia, NH 03246	02-0222150	501(c)(3) Public Cha	28,225				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Linda Bressler230 W Monroe Street Suite 2050 Chicago, IL 60606	33-1441423	XX	24,769				Support for Development of Cancer Research Studies
Maine Center for Cancer Medicine (& Blood Disorders) 100 US Route One Scarborough, ME 040749308	01-0211494	501(c)(3) Public Cha	23,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Martha Jefferson Hospital459 Locust Avenue Charlottesville, VA 22902	54-0261840	501(c)(3) Public Cha	6,964				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Massachusetts General Hospital55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3) Public Cha	165,643				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Mayo Foundation200 First Street SW Rochester, MN 55905	41-1937751	501(c)(3) Public Cha	156,950				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Medical Oncology & Hematology Assoc of Northern Virginia Ltd8501 Arlington Blvd Suite 340 Fairfax, VA 220314625	54-1591462	X	23,328				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
MedStar Research Institute 9000 Franklin Square Dr Room 2380 2W Baltimore, MD 21237	52-6056274	501(c)(3) Public Cha	19,451				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Memorial Hospital of South Bend - Ccop615 N Michigan Ave South Bend, IN 466019986	35-0868132	501(c)(3) Public Cha	68,996				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Sloan-Kettering Cancer Center1275 York Avenue New York, NY 10021	13-1624182	501(c)(3) Public Cha	148,650				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Minnesota Veterans Research InstituteOne Veterans Dr Minneapolis, MN 55417	41-1652941	501(c)(3) Public Cha	21,237				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Missouri Baptist Medical Center3015 N Ballas Road St Louis, MO 63131	43-0652656	501(c)(3) Public Cha	58,743				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Missouri Cancer Associates LLP105 Keene Street Suite 200 Columbia, MO 65201	43-1763016	X	24,000				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Missouri Valley Cancer Consortium-Ccop6818 Grover St 4th Flr Omaha, NE 68106	47-0773531	501(c)(3) Public Cha	40,000				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Mount Sinai Medical Center - Miami Ccop4306 Alton Rd Miami Beach, FL 33140	59-0624424	501(c)(3) Public Cha	34,563				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Mount Sinai School of MedicineOne Gustave L Levy Place Box 1129 New York, NY 10029	13-6171197	501(c)(3) Public Cha	15,000				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Mountainview Medical195 Hospital Look Suite 3 Berlin, VT 05602	22-2547186	501(c)(3) Public Cha	13,738				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Nebraska Methodist Hospital 8303 Dodge St Omaha, NE 681144108	47-0376604	501(c)(3) Public Cha	7,785				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Nevada Cancer Research Foundation - Ccop601 S Rancho Drive Suite D29 Las Vegas, NV 89106	88-0189404	501(c)(3) Public Cha	21,400				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Hampshire OncologyHematology PA200 Technology Drive - Central Park II Hooksett, NH 03106	02-0335060	X	61,322				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
NORTH SHORE LONG ISLAND JEWISH RESEARCH INSTITUTE300 COMMUNITY DRIVE MANHATTAN, NY 11030	11-1267359	X	57,342				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Norwalk HospitalWhittingham Cancer Center Bldg 24 Stevens St Norwalk, CT 06856	06-6068853	501(c)(3) Public Cha	13,493				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Ohio State University Research Foundation320 W 10th Avenue Rm 455A Columbus, OH 43210	31-6401599	501(c)(3) Public Cha	1,054,227				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Oncology & Hematology Association of SC65 International Dr Greenville, SC 29615	36-3395596	X	16,150				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Oncology Care Associates PLLc820 Lester Ave Ste 119 St Joseph, MI 49085	38-3512985	X	12,235				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Oncology Hematology Associates of Central Illinois 8940 N Wood Sage Rd Peoria, IL 61615	37-1331017	X	14,800				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Oncology Services of Aberdeen620 3rd Ave SE Aberdeen, SD 57401	46-0416592	X	5,456				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
PHYSICIANS' CLINIC OF IOWA PCIOWA BLOOD AND CANCER CARE PLC 855 A AVE NE CEDAR RAPIDS, IA 52403	42-1462899	X	7,044				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
QUEEN'S UNIVERSITY10 STUART STREET KINGSTON K7L3N6 CA	23-7099472	501(C)(3) PUBLIC CHA	64,250				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Regents of the University of CaliforniaSan Franscisco200 W Arbor Street Room L-305 San Diego, CA 92103	95-6006144	501(c)(3) Public Cha	93,277				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Regents of the University of California1600 Divisadero Street 4th Floor Box 1270 San Francisco, CA 94143	94-6036493	501(c)(3) Public Cha	144,486				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Rex Cancer Center7477 W Talcott Ave Suite 400 Chicago, IL 60631	56-1509260	501(c)(3) Public Cha	12,616				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Rhode Island Hospital164 Summit Avenue Providence, RI 02906	05-0258954	501(c)(3) Public Cha	25,854				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Rochester General Hospital Cancer CenterLipson Cancer Blood Center Bldg 1425 Portland Ave Rochester, NY 146213001	16-0743134	501(c)(3) Public Cha	8,953				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Saint Barnabas Medical CenterCancer Center of SBMNC E Wing 2nd Floor 94 Old Short Hills Road Livingston, NJ 07039	22-1494440	501(c)(3) Public Cha	12,338				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Saint Francis Medical Center 2116 W Faidley Avenue Grand Island, NE 68802	47-0376601	501(c)(3) Public Cha	33,159				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Sibley Memorial Hospital 5255 Lougboro Rd NW Washington, DC 20016	53-0196602	501(c)(3) Public Cha	62,810				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Southeast Cancer Control Consortium Inc203 Cox Bldg Goldsboro, NC 27534	62-1306159	501(c)(3) Public Cha	76,145				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Southwest Oncology Group 14980 Omicron Drive San Antonio, TX 782453217	38-6006309	501(c)(3) Public Cha	345,400				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Curators of the University of Missouri115 Business Loop 70 West Room 524 Columbia, MO 65203	43-6003859	501(c)(3) Public Cha	24,608				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
The Jacqualyn Palchak Cancer Fund1184 Grand Avenue Arroyo Grand, CA 93420	01-0730501	X	5,726				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
The Ohio State University James Cancer Hospital Starling Loving Hall 320 W 10th Avenue Room Columbus, OH 43210	31-6401599	501(c)(3) Public Cha	227,821				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
The Research Foundation of SUNY750 E Adams St CWB 311A Syracuse, NY 13210	14-1368361	501(c)(3) Public Cha	64,296				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK DEPARTMENT OF RADIOLOGY 180 FOT WASHINGTON AVENUE HP 3-314 NEW YORK, NY 10032		501(C)(3) PUBLIC CHA	17,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
THE UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 522421099	39-1886437	X	49,350				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Trustees of Dartmouth CollegeOne Medical Center Drive Lebanon, NH 03756	02-0222111	501(c)(3) Public Cha	31,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA DEPARTMENT OF SURGERY 4 SILVERSTEIN 3400 SPRUCE STREET PHILADELPHIA, PA 19104		XX	6,250				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Chicago230 W Monroe Street Suite 2050 Chicago, IL 606371470	36-2177139	501(c)(3) Public Cha	629,149				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Chicago Medical Center5841 S Maryland Ave MC 2115 Chicago, IL 606371470	36-2177139	501(c)(3) Public Cha	261,186				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADOPO BOX 6511 AURORA,CO 80045	84-6000555	XX	14,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Maryland Baltimore22 S Greene Street Baltimore,MD 212011595	52-6002033	X	80,486				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
UNIVERSITY OF MICHIGAN 400 NORTH INGALLS ROOM 2160 ANN ARBOR,MI 481095482		XX	12,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Minnesota Harvard St at E River Rd Minneapolis,MN 55455	41-6007513	X	11,651				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
UNIVERSITY OF NEBRASKA 983330 NEBRASKA MEDICAL CENTER OMAHA,NE 681983330	14-7049123	X	20,908				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of North Carolina at Chapel Hill3009 Old Blinic Bldg Chapel Hill,NC 275997305	56-6001393	501(c)(3) Public Cha	152,230				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Oklahoma Health Sciences Center940 Stanton L Young Boulevard Oklahoma City,OK 73104	73-6017987	X	14,585				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University of Vermont1 S Prospect Street Burlingon,VT 05401	03-0179440	501(c)(3) Public Cha	25,662				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
University Surgical Associates LLP750 E Adams Street Suite 8141 Syracuse,NY 13210	16-6074527	X	17,500				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
VA Connecticut Research & Education FoundationCancer Center 950 Campbell Avenue 111D West Haven,CT 06516	20-2206467	501(c)(3) Public Cha	6,750				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth UniversityBox 230 Mcv Station Richmond, VA 232980230	54-6001758	501(c)(3) Public Cha	48,292				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
VIRGINIA ONCOLOGY ASSOCIATES6160 KEMPSVILLE CIRCLE SUITE 300 NORFOLK, VA 23502	54-1768662	X	11,283				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Wake Forest University Health SciencesMedical Center Blvd WinstonSalem, NC 271571082	22-3849199	501(c)(3) Public Cha	68,700				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
WASHINGTON COUNTY HOSPITAL ASSOCIATION CENTER FOR CLINICAL RESEARCH 251 EAntietam St HAGERSTOWN, MD 217405724		X	13,202				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Washington University School of Medicine660 S Euclid St Louis, MO 63110	43-0653611	501(c)(3) Public Cha	264,158				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Weill Medical College of Cornell University1300 York Avenue C600 New York, NY 10021	13-1623978	X	72,241				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Westat Inc1650 Research Blvd Rockville, MD 20850	84-0529566	X	107,550				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Western Pennsylvania Hospital Foundation4800 Friendship Avenue Pittsburgh, PA 15224	25-1470766	501(c)(3) Public Cha	19,477				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH
Yale University333 Cedar St New Haven, CT 065208047	06-0646973	501(c)(3) Public Cha	70,767				INSTITUTIONAL SUPPORT FOR CANCER RESEARCH

Additional Data

Software ID:
Software Version:
EIN: 02-0464400
Name: CANCER AND LEUKEMIA GROUP B FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
statistical/data supp[o	949,093	949,093		
STAFF RETENION PROGRAM	413,729	413,729		
INFORMATION SYSTEMS	111,481	111,481		
ACCRUAL SOLUTIONS CLINI	23,050	23,050		
MISCELLANEOUS	6,191		28	6,163