

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)

Department of the Treasury Internal Revenue Service

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

Header section containing organization details: AMC Cancer Research Center, EIN 84-0402535, address 1600 Pierce Street, Lakewood, CO 80214. Includes checkboxes for website (www.AMC.org), organization type (501(c)(3)), and gross receipts (3,909,857).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Main table with 21 rows. Revenue section (lines 1-12) totals 3,798,986. Expenses section (lines 13-17) totals 3,841,232. Net Assets section (lines 18-21) shows a deficit of 42,246 at year end.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ 0 noncash \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	<u>Schedule 2</u>	43a	3,841,232	2,477,889	758,183
b	. . . . .	43b			
c	. . . . .	43c			
d	. . . . .	43d			
e	. . . . .	43e			
f	. . . . .	43f			
g	. . . . .	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,841,232	2,477,889	758,183

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ 0; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>Fund cancer research performed at the Univ. of Colo. Cancer Center.</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a <u>Research Funding - The program provides funding to the University of Colorado Cancer Center (UCCC) to conduct laboratory research and to provide intervention research and applications. The programs at UCCC study cancer growth and the impact on cancer cells of various factors, educate the public on the merits of early detection of cancer and help alleviate the pain and suffering for cancer patients and their families.</u></p> <p>.....</p> <p>(Grants and allocations \$ <u>1,107,367</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,107,367</p>
<p>b <u>Laboratory and Intervention Research - The program studies cancer growth and the impact on cancer cells of various factors. Additionally, it educates the public on the merits of early detection of cancer. The program was transferred to the University of Colorado Cancer Center during the year ended June 30, 2006.</u></p> <p>.....</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,370,522</p>
<p>c</p> <p>.....</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>2,477,889</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	513,266	45	242,862
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	23,168	47c	
	48 a Pledges receivable	24,000		
	b Less: allowance for doubtful accounts		48c	24,000
	49 Grants receivable	702,254	49	31,163
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) Schedule 3		50	25,000
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	104,444	53	95,197
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments—land, buildings, and equipment: basis Mayflower Hotel Lease	680,400		
	b Less: accumulated depreciation (attach schedule)	680,400	55c	680,400
56 Investments—other (attach schedule) . Endowment money market account		56	956,729	
57 a Land, buildings, and equipment: basis . . Sch 1	744,925			
b Less: accumulated depreciation (attach schedule)	708,466	57c	36,459	
58 Other assets (describe Schedule 3)	-316,428	58	4,463,666	
59 Total assets (must equal line 74). Add lines 45 through 58	1,811,035	59	6,555,476	
Liabilities	60 Accounts payable and accrued expenses	772,399	60	375,318
	61 Grants payable		61	195,806
	62 Deferred revenue	815,125	62	90,725
	63 Loans from officers, directors, trustees, and key employees (attach schedule) Schedule 3		63	500,000
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe Schedule 3)	3,806	65	903,907
66 Total liabilities. Add lines 60 through 65	1,591,330	66	2,065,756	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-5,064,851	67	-1,566,010
	68 Temporarily restricted	2,451,552	68	2,055,467
	69 Permanently restricted	2,833,004	69	4,000,263
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	219,705	73	4,489,720	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,811,035	74	6,555,476	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,724,163
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-248,633	
2	Donated services and use of facilities	b2	0	
3	Recoveries of prior year grants	b3	0	
4	Other (specify): <u>Gain on sale of assets (campus)</u>	b4	173,810	
	Add lines b1 through b4			b -74,823
c	Subtract line b from line a			c 3,798,986
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 3,798,986

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,918,428
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>Provision for grants</u>	b4	77,196	
	Add lines b1 through b4			b 77,196
c	Subtract line b from line a			c 3,841,232
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 3,841,232

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Steve Marshall</u> Str <u>1600 Pierce St</u> City <u>Lakewood</u> ST <u>CO</u> ZIP <u>80214</u>	Title <u>Exec. Director</u> Hr/WK <u>40+ hours</u>	81,848	0	0
Name <u>Robert Silverberg</u> Str <u>1600 Pierce St</u> City <u>Lakewood</u> ST <u>CO</u> ZIP <u>80214</u>	Title <u>President/CEO</u> Hr/WK <u>40+ hours</u>	48,555	3,855	0
Name <u>Schedule 4</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: 12. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. All rows are empty.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 81a: 0. 81b: X.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
90 a	List the states with which a copy of this return is filed <input type="text" value="CA, CO, CT, IL, MD, MA, MO, NJ, NY, PA, TX, VA, WA, WI"/>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b <input type="text" value="66"/>		
91 a	The books are in care of <input type="text" value="Name AMC Cancer Research Center"/> Telephone no. <input type="text" value="(303) 233-6501"/> Located at <input type="text" value="1600 Pierce Street"/> City <input type="text" value="Lakewood"/> ST <input type="text" value="CO"/> ZIP + 4 <input type="text" value="80214"/>		
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)? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/>		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 <input type="text" value="N/A"/>		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,744	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				16,744	
105 Total (add line 104, columns (B), (D), and (E))					16,744

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **Kunding, Corder & Engle, P.C.** EIN **84-1255164**

475 Lincoln St., Ste. 200, Denver, CO 80203 Phone no. **(303) 534-5953**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

AMC Cancer Research Center

Employer identification number

84-0402535

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Lowell Williams 1600 Pierce St., Lakewood, CO 80214	Federated Giving Dir. 40+ hours	63,798	6,847	0
Keryn Shipman 1600 Pierce St., Lakewood, CO 80214	Fundraising Director 40+ hours	80,305	2,326	0
Kathleen Garrett 1600 Pierce St., Lakewood, CO 80214	Program Manager 40+ hours	61,693	5,653	0
Carolyn Draper 1600 Pierce St., Lakewood, CO 80214	Executive Secretary 40+ hours	69,484	5,737	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Davis, Graham & Stubbs, LLP 1550 Seventeenth St., Suite 500, Denver, CO 80202	Legal	78,303
Robert B. Sharp Co. 1490 Lafayette St., Suite 204, Denver, CO 80218	Consulting	94,986
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-2d. Property, credit, goods, and compensation; 2e. Transfer of assets; 3a-3c. Grants, annuity plans, and real property; 4a-4b. Donor accounts and credit counseling.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5. A church, convention of churches, or association of churches.
6. A school.
7. A hospital or a cooperative hospital service organization.
8. A Federal, state, or local government or governmental unit.
9. A medical research organization operated in conjunction with a hospital.
10. An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a. An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b. A community trust.
12. 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 charitable, etc., functions...
13. An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14. An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,999,177	6,420,397	7,503,909	17,432,829	36,356,312
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	335,934	457,629	439,283	138,532	1,371,378
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,350	201,839	1,206	23,876	242,271
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Misc rev	43,824	156,413	24,041	27,524	251,802
23 Total of lines 15 through 22	5,394,285	7,236,278	7,968,439	17,622,761	38,221,763
24 Line 23 minus line 17	5,058,351	6,778,649	7,529,156	17,484,229	36,850,385
25 Enter 1% of line 23	53,943	72,363	79,684	176,228	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24 ▶					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 0
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶					26d 0
e Public support (line 26c minus line 26d total) ▶					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 0.00%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u> (2001) <u>0</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u> (2001) <u>0</u>					
c Add: Amounts from column (e) for lines: 15 <u>36,356,312</u> 16 <u>0</u> 17 <u>1,371,378</u> 20 <u>0</u> 21 <u>0</u> ▶					27c 37,727,690
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u> ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 37,727,690
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 38,221,763
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 98.71%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.63%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					N/A

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

AMC Cancer Research Center

84-0402535

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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—

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

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMC Cancer Research Center	Employer identification number 84-0402535
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>Community Health Charities/Federated Giving</u> <u>1805 S. Bellaire St., Suite 185</u> <u>Denver</u> <u>CO</u> <u>80222</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>982,229</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>Louis & Josie Forschheimer Memorial</u> <u>P.O. Box 830688</u> <u>Birmingham</u> <u>AL</u> <u>35283</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>44,055</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>Estate of Mary L. Carpenter</u> <u>1120 Lincoln St., Suite 907</u> <u>Denver</u> <u>CO</u> <u>80203</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>100,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>Margaret Becker Trust</u> c/o Gimmel, Weiman, Ersck & Blomberg <u>4 Professional Drive, Suite 145</u> <u>Gaithersburg</u> <u>MD</u> <u>20879</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>67,204</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>Margaret C. Belew Estate</u> c/o Brian J. Ballenger <u>3401 Woodville Road, Suite 3</u> <u>Northwood</u> <u>OH</u> <u>43619</u> Foreign State or Province: _____ Foreign Country: <u>Afghanistan</u>	\$ <u>9,799</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>Hilda Dreesen Trust</u> c/o Mr. Richard Hentzell <u>1601 Arapahoe Street - 16th Floor</u> <u>Denver</u> <u>CO</u> <u>80202</u> Foreign State or Province: _____ Foreign Country: _____	\$ <u>24,865</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number 84-0402535
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Gustav Freudenberg Trust c/o Bank One Trust Company, N.A. 218 East Wesley Street Wheaton IL 60187 Foreign State or Province: _____ Foreign Country: _____	\$ 12,631	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Horwich Estate Unavailable Foreign State or Province: _____ Foreign Country: _____	\$ 9,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Miriam Sedell Trust c/o Richard I. Kroop South Bay Club, Suite C-1, 800 West Ave. Miami Beach FL 33139 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Anthony F. Stone Trust c/o Collis J. Adams, Executor 6 Wells Street Erving MA 01344 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Mose Sumner Trust c/o Ms. Shannon Petrick P.O. Box 27767 Houston TX 77227-7767 Foreign State or Province: _____ Foreign Country: _____	\$ 6,762	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Louise Blackman Tollefson Trust c/o Family Foundation R.G. Simses 140 Royal Palm Way Palm Beach FL 33480 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMC Cancer Research Center	Employer identification number 84-0402535
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Rhonda Hovan P.O. Box 1110 Bath OH 44210 Foreign State or Province: _____ Foreign Country: _____	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Cross H Foundation 501 Silverside Rd., Suite 123 Wilmington DE 19809 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Sally Gart 299 Milwaukee Denver CO 80206 Foreign State or Province: _____ Foreign Country: _____	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	David W. Garlett Trust c/o Gerald M. Quiat 1873 S. Bellaire St., Suite 900 Denver CO 80222 Foreign State or Province: _____ Foreign Country: _____	\$ 7,556	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Walter Dear 492 County Road 202 Durango CO 81301 Foreign State or Province: _____ Foreign Country: _____	\$ 1,033,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Kaiser Permanente Kaiser Foundation Health Plan of Colorado P.O. Box 373090 Denver CO 80237-3090 Foreign State or Province: _____ Foreign Country: _____	\$ 43,714	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMC Cancer Research Center	Employer identification number 84-0402535
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<u>State of Wisconsin, Dept. of Justice</u> <u>17 West Main Street; P.O. Box 7857</u> <u>Madison WI 53707-7857</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<u>American Cancer Society</u> Research Department <u>1499 Clifton Road, NE</u> <u>Atlanta GA 30289</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 59,374	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<u>NSABP Foundation</u> <u>4 Allegheny Center - 5th Floor</u> <u>Pittsburgh PA 15212</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 9,439	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<u>Department of Defense</u> Columbus Center <u>P.O. Box 182317</u> <u>Columbus OH 43218-2317</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 179,362	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<u>Department of Health & Human Services</u> National Institutes of Health <u>P.O. Box 6021</u> <u>Rockville MD 20852</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 839,977	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<u>Kaiser Foundation Research Institute</u> <u>1800 Harrison Street, 16th Floor</u> <u>Oakland CA 94612</u> Foreign State or Province: _____ Foreign Country: _____	\$ _____ 46,546	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMC Cancer Research Center	Employer identification number 84-0402535
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	University of Colorado Health Sciences Center P.O. Box 6508; Campus Box F418 Aurora CO 80045-0508 Foreign State or Province: _____ Foreign Country: _____	\$ 201,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	National Jewish Medical and Research Center 1400 Jackson Street Denver CO 80206 Foreign State or Province: _____ Foreign Country: _____	\$ 64,833	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number 84-0402535
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Part II	Noncash Property (See Specific Instructions.)	N/A
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization AMC Cancer Research Center	Employer identification number 84-0402535
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.) N/A

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once—see instructions.) ▶ \$

(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
_____ _____ _____	_____ _____ _____
For. Prov. _____	Country _____

(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
_____ _____ _____	_____ _____ _____
For. Prov. _____	Country _____

(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
_____ _____ _____	_____ _____ _____
For. Prov. _____	Country _____

(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
_____ _____ _____	_____ _____ _____
For. Prov. _____	Country _____

AMC Cancer Research Center
#84-0402535
Year Ended June 30, 2006

Form 990, Part I, Line 9

Special events - St. Louis Women's Event:

Gross revenue	335,905
Less direct expenses	<u>(110,871)</u>
Special event contribution revenue	<u><u>225,034</u></u>

Form 990, Part I, Line 20

Other changes in net assets or fund balances:

Unrealized change in value of trusts	(248,633)
Provision for grants	(77,196)
Gain on sale of assets (campus)	173,810
Transfer of net assets from American Medical Center	4,474,495
Transfer of net deficit from Partners for Health Systems, Inc.	<u>(10,215)</u>
Total other changes in net assets	<u><u>4,312,261</u></u>

Form 990, Part IV, Line 57

Property and equipment:

Furniture, fixtures and equipment	457,872
Grant equipment	<u>287,053</u>
	744,925
Less accumulated depreciation	<u>708,466</u>
Net property and equipment	<u><u>36,459</u></u>

Form 990, Part VI, Line 79

Substantial contraction during the year:

Effective July 1, 2005, AMC affiliated with the University of Colorado Cancer Center (UCCC) and as part of the affiliation, all grants were transferred to the UCCC and all scientific activity was assumed by the UCCC. AMC is now operating as a fund raising organization.

AMC Cancer Research Center
#84-0402535
Year Ended June 30, 2006

Form 990, Part II, Line 43a

Statement of functional expenses:

	Total	Program	General and admin- istrative	Fund raising
Contributions to Univ. of Colo. Cancer Center	1,107,367	1,107,367	-	-
Personnel costs	1,375,246	744,119	240,184	390,943
Contract providers	168,710	30,704	134,070	3,936
Legal and accounting	264,548	49,904	194,606	20,038
Office supplies	26,321	2,367	14,788	9,166
Janitorial supplies	1,793	1,793	-	-
Lab supplies	29,459	29,459	-	-
Postage and shipping	27,822	7,861	419	19,542
Printing	25,413	5,083	-	20,330
Minor equipment	8,619	7,106	1,513	-
Dues, subscriptions and licenses	15,408	2,619	3,544	9,245
Insurance	54,757	29,711	19,571	5,475
Education and training	5,848	3,645	2,203	-
Recruitment	3,453	-	3,453	-
Service contracts	43,702	2,247	36,954	4,501
Repairs and maintenance	7,391	1,257	6,134	-
Travel and entertainment	35,734	906	5,076	29,752
CFC representative expense	5,393	-	-	5,393
Advertising	40,663	6,578	-	34,085
Recognition awards	1,178	1,178	-	-
Subcontractors	50,629	4,649	45,980	-
Telephone	(15,059)	(10,674)	(1,952)	(2,433)
Waste disposal	25,173	20,642	2,014	2,517
Rent	515,590	422,784	41,247	51,559
Depreciation and amortization	11,105	9,106	888	1,111
Bank fees and charges	7,491	-	7,491	-
Other expenses	(2,522)	(2,522)	-	-
Total expenses	<u><u>3,841,232</u></u>	<u><u>2,477,889</u></u>	<u><u>758,183</u></u>	<u><u>605,160</u></u>

AMC Cancer Research Center
#84-0402535
Year Ended June 30, 2006

Form 990, Part IV, Line 50 and Form 990, Schedule A, Part III, Line 2b

Receivable from key employee:

Loan to Steve Marshall, Executive Director* 25,000

* This loan was repaid to AMC Cancer Research Center subsequent to year end.

Form 990, Part IV, Line 58

Other assets:

Contributions receivable - remainder trusts	1,204,988
Beneficial interest in perpetual trusts	2,933,678
Deposits	<u>325,000</u>
Total other assets	<u>4,463,666</u>

Form 990, Part IV, Line 63 and Form 990, Schedule A, Part III, Line 2b

Loan from board member:

Board member Richard L. Robinson provided a short term loan to AMC Cancer Research Center in April 2006 for \$500,000 at an interest rate of 9.75% payable in April 2007.

Form 990, Part IV, Line 65

Other liabilities:

Due to University of Colorado Cancer Center	297,000
Deferred gain on sale of assets (campus)	<u>606,907</u>
Total other liabilities	<u>903,907</u>

AMC Cancer Research Center
#84-0402535
Year Ended June 30, 2006

Form 990, Part V

List of officers, directors, trustees and key employees:

Name	Title	Compensation	Contributions to employee benefit plans	Expense account and other allowances
Robert Allen, M.D.	Director 1+ hours per week	-	-	-
Jim Basey	Chair 2+ hour per week	-	-	-
Teresa Berryman*	Director 4* hours per week	-	-	-
Paul Bunn, Jr., M.D.*	Director 1+ hours per week	-	-	-
David Dudley	Director 1+ hours per week	-	-	-
Tom Healy	Director 1+ hours per week	-	-	-
Don Kortz	Director 2+ hour per week	-	-	-
Richard Krugman, M.D.*	Director 3+ hours per week	-	-	-
Rae Ann Paden*	Director 1+ hours per week	-	-	-
Richard Robinson	Director 1+ hours per week	-	-	-
Al Marcus*	Director 2+ hour per week	-	-	-

*These board members are employed by AMC Cancer Center's affiliated organization, University of Colorado Cancer Center.

All board members listed above may be contacted at the following address:
1600 Pierce St., Lakewood, CO 80214