Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

A F	or th	e 2012	2 calendar year, or tax year beginning 07/01, 2012, a	and ending	06/	′30 ,20 ₁₃
_			C Name of organization		D Employer identifica	tion number
Б С	heck if ap	plicable:	CANCER CARE, INC.			
	Addre		Doing Business As		13-1825919	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Initial	return	275 SEVENTH AVENUE		(212) 712-84	100
	Term	inated	City or town, state or country, and ZIP + 4			
	Amer		NEW YORK, NY 10001		G Gross receipts \$	20,585,392.
		cation	F Name and address of principal officer: PATRICIA GOLDSMITH		H(a) Is this a group return	for Yes X No
	_ pendi	iig	275 SEVENTH AVENUE, NEW YORK, NY 10001		affiliates? H(b) Are all affiliates inclu	ded? Yes No
ı	Tax-ex	empt sta		527	If "No," attach a list.	
			WWW.CANCERCARE.ORG		H(c) Group exemption nul	mber ►
<u></u>	Form	of organ	ization: X Corporation Trust Association Other	L Year of form	nation: 1955 M State of	
	rt I		mmary			
& Governance	2 3	TO I EMOT	describe the organization's mission or most significant activities: MPROVE LIVES BY HELPING PEOPLE COPE WITH, AND TONAL AND PRACTICAL CHALLENGES OF CANCER. This box if the organization discontinued its operations or disposed or of voting members of the governing body (Part VI, line 1a)	MANAGE , T	% of its net assets.	31.
ies	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	31.
Activities	5	Total r	number of individuals employed in calendar year 2012 (Part V, line 2a)		5	138.
Act	6		number of volunteers (estimate if necessary)		_	250.
Ť	7a	Total o	gross unrelated business revenue from Part VIII, column (C), line 12		7a	0
			nrelated business taxable income from Form 990-T, line 34			0
•					Prior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		14,553,433.	12,674,590.
ž	9	Progra	am service revenue (Part VIII line 2d)	11	0	0
Revenue		Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	444,168.	776,992.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		568,737.	425,068.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,566,338.	13,876,650.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		5,678,587.	3,684,716.
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)		0	0
"		Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • • • •	7,578,499.	6,808,658.
Expenses	16 2		ssional fundraising fees (Part IX, column (A), line 11e)		0	0
per	h	Total f	Fundraising expenses (Part IX, column (D), line 25) 2,576,109.			
Ĕ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,319,484.	5,423,429.
			expenses (Fartix, column (A), lines 11a-11d, 111-241) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			15,916,803.
					18,576,570. -3,010,232.	-2,040,153.
- v		Reven	ue less expenses. Subtract line 18 from line 12		jinning of Current Year	End of Year
Net Assets or Fund Balances	20	T-4-1 -	Constant (Deat V. Bara 40)		22,832,102.	
SSE	20		assets (Part X, line 16)			21,238,154.
달	21		iabilities (Part X, line 26)		3,264,410.	3,187,923.
			sets or fund balances. Subtract line 21 from line 20		19,567,692.	18,050,231.
	rt II		gnature Block f perjury, I declare that I have examined this return, including accompanying schedules an	d atatamanta and	d to the best of my line willed	les and halist it is two
cor	rect, ar	nd comp	perjury, redectate that rhave examined this return, including accompanying scriedules an elete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knov	vledge.	ige and belief, it is true,
	ign ere	•	Signature of officer		Date	
		🕨 :	Type or print name and title			
			Type or print name and title Type preparer's name Preparer's signature	Date	Check if	PTIN
Paic	i				self-	1
	parer		ara E Hunt, Senior Tax Manager	5/15/14	employed ►	P00916443
	Only	Firm's	name ► KPMG LLP			5565207
			address ▶ 345 PARK AVENUE NEW YORK, NY 10154-01			758-9700
May	the I	RS disc	cuss this return with the preparer shown above? (see instructions)			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	FOUNDED IN 1944, CANCERCARE IS ONE OF THE NATION'S LARGEST	
	ORGANIZATIONS DEDICATED TO HELPING PEOPLE COPE WITH, AND MANAGE, BOTH	
	THE EMOTIONAL AND PRACTICAL CHALLENGES OF CANCER. FOR MORE	
	INFORMATION, SEE SCHEDULE O.	
_		
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 [Yes [X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to	-
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 4,719,824. including grants of \$ 53,534.) (Revenue \$)	
Tu	COUNSELING AND SUPPORT - TELEPHONE, ONLINE AND FACE-TO-FACE. ALL	
	SUPPORT SERVICES ARE PROVIDED BY PROFESSIONAL ONCOLOGY SOCIAL	
	WORKERS.	
4b	(Code:) (Expenses $4,558,138$. including grants of $3,631,182$.) (Revenue $$$	
	FINANCIAL ASSISTANCE PROVIDES FUNDS FOR TREATMENT-RELATED COSTS,	
	SUCH AS OTC PAIN MEDICATION, TRANSPORTATION, HOMECARE, CHILDCARE	
	AND LYMPHEDEMA SUPPLIES.	
	-	
40	(Code: \/Expanse \P including greats of \P \/Persons \P	
	(Code:) (Expenses \$906,973. including grants of \$) (Revenue \$)	
	EDUCATION - TELECONFERENCES LED BY EXPERTS IN THE FIELD PROVIDE	
	CANCER PATIENTS AND CAREGIVERS WITH THE OPPORTUNITY TO LISTEN AND	
	ASK QUESTIONS ON A VARIETY OF CANCER-RELATED TOPICS.	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	O	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1	
_	(Expenses \$ 2,229,705. including grants of \$) (Revenue \$)	
	Total program service expenses ► 12,414,640.	
JSA	000 Form 99 0	0 (2012)

JSA 2E1020 2.000 PT8733 E299

Form 990 (2012)
Page 3

-ar	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,"	١.	3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
U	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	
'	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>		21	
1 2 a	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.7
. –	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-7		v
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	Х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
ıIJ	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

Form 990 (2012) Page **4**

Part	Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
22	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		34	х	
35 a	or IV, and Part V, line 1	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	- 21	
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	Λ	
36		36		Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
20	Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	13: Note. All Form 330 filets are required to complete 36fleddie O	50	21	

Form 990 (2012) Page **5**

Par				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 138			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			3.5
	account)?	4a		Х
D	If "Yes," enter the name of the foreign country: ►			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
٨	required to file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans Enter the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		21
<u> </u>	100, ilias il ilias a i omi i 20 to report tiloso pajmento. Il i ivo, provido un explanation il conocido o			

Form **990** (2012)

JSA 2E1040 1.000 Form 990 (2012) CANCER CARE, INC 13-1825919 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 31 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 31 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?..... X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a The organization's CEO, Executive Director, or top management official

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Displacement

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JOHN RUTIGLIANO 275 SEVENTH AVENUE, NEW YORK, NY 10001 (212)712-8400

Form **990** (2012)

JSA 2E1042 1.000 Form 990 (2012) CANCER CARE, INC. 13-1825919 Page

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.

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SUSAN SMIRNOFF	5.25										
PRESIDENT & TRUSTEE		Х		Х				0	0	0	
(2) MARGARET R DIAZ-CRUZ LMSW	3.50								Ŭ		
VICE PRESIDENT & TRUSTEE	1.00	Х		Х				0	0	0	
(3) EDWARD C LAUBER	3.00										
VICE PRESIDENT & TRUSTEE	0	Х		Х				0	0	0	
(4) MAGGY M SIEGEL	3.00										
VICE PRESIDENT & TRUSTEE	0	Х		Х				0	0	0	
(5) TIMOTHY M DWYER	4.50										
TREASURER & TRUSTEE	1.00	Х		Х				0	0	0	
(6) DAVID J KEISMAN	4.00										
ASSISTANT TREASURER & TRUSTEE	0	Х		Х				0	0	0	
(7) MICHAEL D WIDLITZ MD	3.75										
SECRETARY & TRUSTEE	0	Х		Х				0	0	0	
(8) ANDREW C PIZZO	3.75										
ASSISTANT SECRETARY & TRUSTEE	T	Х		Х				0	0	0	
(9) JANET DEWART BELL	1.00										
TRUSTEE	0	Х						0	0	0	
(10) AUDREY A BOUGHTON	1.50										
TRUSTEE		Х						0	0	0	
(11) JAN MYERS COOK	1.50										
TRUSTEE		Х						0	0	0	
(12) FRANK DOROFF	1.00										
TRUSTEE		X						0	0	0	
(13) DEBORAH DUNSIRE MD	1.00										
TRUSTEE	0	Х						0	0	0	
(14) JOHN N. EVANS	2.75										
TRUSTEE BEG 10/2012	0	X						0	0	0	

Form **990** (2012)

JSA.

Page 8 Form 990 (2012)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	<u></u> ed)	-9
(A) Name and title	(B) Average hours per week (list any hours for	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org and	om the anization d related	n d
15) PAUL M FRIEDMAN	3.00											
TRUSTEE	1.00	X						C	0			0
16) LOUIS A GUZZETTI JR	2.00							_				_
TRUSTEE	0	X						0	0			0
17) KRIS JOHNSON	1.00	,										0
TRUSTEE	1 50	X						0	0			0
18) CAROL LIN TRUSTEE	1.50	X							0			0
19) THERESA NATALICCHIO	1.50	Λ							0			
TRUSTEE	1.30	X							0			0
20) ALBERT G NICKEL	1.00											
TRUSTEE	0	Х							0			0
21) JOHN A ORWIN	1.00											
TRUSTEE	0	Х						0	0			0
22) MARSHA J PALANCI	1.50											
TRUSTEE	0	Х						0	0			0
23) MICHAEL PARISI	2.50											
TRUSTEE	0	Х						0	0			0
24) WILLIAM C PELSTER	2.00											
TRUSTEE	0	Х						C	0			0
25) MATTHEW E ROS	1.00											•
TRUSTEE THRU 10/2012	0	X						0	0			0
1b Sub-total								1 120 006		1	72 1	0
c Total from continuation sheets to Part VII, S	-							1,120,986. 1,120,986.	114,534.		73,4 73,4	
d Total (add lines 1b and 1c)			licto	4 0	hov."	2) who					73,4	50.
reportable compensation from the organization		1036		u ai	DOV	e) Wiic	, 16	ceived more man	\$100,000 01			
											Yes	No
3 Did the organization list any former office	cer directo	or or	tru	ıcta	۵	kev e	mn	alovee or highes	t compensated			110
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Scl	nedu	ile J	I for	such	per	son		5		X
Section B. Independent Contractors												
Complete this table for your five highest con compensation from the organization. Report of the compensation from the organization.												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **\rightarrow** JSA 2E1055 3.000

Form **990** (2012)

PAGE 9

PT8733 E299 V 12-7.12 589106

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinue		Page E
(A)	(B)	ĺ	•	(((D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more	e than of is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fro orga	stimated nount of other pensation the anization drelated anization	f on in d
		0	tee			sated						
26) DOROTHY SCHACHNE	1.00											
TRUSTEE	0	Х						0	0			(
27) MICHAEL W SCHECHTER	2.75											
TRUSTEE	0	Х						0	0			(
28) MIRANDA SCHILLER	3.25											
TRUSTEE	0	Х						0	0			(
29) CORNELIA B SPRING	1.50											
TRUSTEE	0	Х						0	0			(
30) MILTON G STROM	1.00											
TRUSTEE	0	Х						0	0			(
31) JAMES B SWIRE	2.00											
TRUSTEE	0	Х						0	0			(
32) SAMUEL D TURNER	2.00											
TRUSTEE THRU 9/2012	1.00	Х						0	0			(
33) LINDA T VAHDAT MD	1.00											
TRUSTEE THRU 9/2012	0	Х						0	0			(
34) PAMELA SUTHERN WYGOD	1.00											
TRUSTEE	0	Х						0	0			(
35) HELEN MILLER	33.00											
CHIEF EXECUTIVE OFFICER	2.00			Х				258,209.	13,591.		33,7	190
36) JOHN RUTIGLIANO	24.00											
CHIEF OPERATING OFFICER	11.00			Х				168,672.	72,288.		28,9	13.
1b Sub-total												
c Total from continuation sheets to Part VII	I, Section A						•					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but r							o re	ceived more than	\$100,000 of			
reportable compensation from the organiza		16										
											Yes	No
3 Did the organization list any former of	officer, directo	r. or	tru	uste	e.	kev e	ame	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the	ne sum of rer	ortah	אם מ	nom	ner	eatio	າ ລເ	nd other compens	sation from the			
organization and related organizations												
individual										4	Х	
5 Did any person listed on line 1a receive												
for services rendered to the organization? It										5		Х
Section B. Independent Contractors	•											
Complete this table for your five highest of compensation from the organization. Repoyear.												

(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 ▶

JSA 2E1055 3.000 Form **990** (2012) PT8733 E299 V 12-7.12 589106

CANCER CARE, INC.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average			(C Posi	-			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	rson	e than oth structure than both structure Highest compensated error employee	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
37) MICHAEL DIVERS	35.00				3.7			117 045		20.00
CHIEF DEVELOPMENT OFFICER 38) SUE LEE	33.00				X			117,045.	0	20,23
DIR OF DEVELOPMENT, INST SUPPT	2.00					X		142,421.	7,496.	19,54
39) ROSALIE CANOSA	35.00									
DIRECTOR OF PROGRAMS	0					Х		126,668.	0	18,37
40) CAROLYN MESSNER DIRECTOR OF EDUCATION	35.00					Х		112,659.	o	17,67
41) DEBORAH WALSH	35.00							,		, -
DIRECTOR OF SPECIAL EVENTS	0					Х		110,680.	0	17,58
42) ANN NAVARRIA DIRECTOR OF HUMAN RESOURCES	28.00 7.00					Х		84,632.	21,159.	17,33
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *			
2 Total number of individuals (including but not reportable compensation from the organization		hose 16		d at	ove	e) who	re	eceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes 3
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le c	om 00?	per <i>If</i>	satior "Yes	n aı	nd other compens complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual	5
Complete this table for your five highest communication from the organization. Report of year.										

(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 ▶

Form **990** (2012)

JSA 2E1055 3.000

orm 990 (2012) CANCER CARE, INC. 13-1825919 Page **9**

Form 990 (2012) CANO

Part VIII Statement of Revenue

- a		Check if Schedule O contains a response	onse to any questi	on in this Part VIII			
				(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 b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	1,648,004.				
Contribution and Other Si	e f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$	10,919,491.				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	12,674,590.			
Program Service Revenue	2a b c d						
Progra	e f g	All other program service revenue Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interother similar amounts)		340,074.			340,074.
	5	Royalties	(ii) Personal	0			
	6a b c	Gross rents Less: rental expenses Rental income or (loss)					
	d 7a	` ,	(ii) Other	0			
	b	Less: cost or other basis and sales expenses					
	c d	Gain or (loss)		436,918.			436,918
Other Revenue	8a	Gross income from fundraising events (not including \$1,648,004. of contributions reported on line 1c). See Part IV, line 18	338,402.				
the	b c	Less: direct expenses	338,122.	280.			280
0	9a	Gross income from gaming activities. See Part IV, line 19		280.			200
	b c		1,798.	9,388.			9,388
	10a	Gross sales of inventory, less returns and allowances	762,561.				
	b c	Less: cost of goods sold	558,485. Business Code	204,076.			204,076
	11a b	HONORARIA AND OTHER	900099	211,324.			211,324
	c d	All other revenue					
	е	Total. Add lines 11a-11d	▶	211,324.			
	12	Total revenue. See instructions		13.876.650.		I	1.202.060

Form 990 (2012) CANCER CARE, INC. 13-1825919 Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	51,093.	51,093.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3,633,623.	3,633,623.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	672,803.	225,741.	135,576.	311,486.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	4,797,024.	3,594,009.	306,147.	896,868.
7	Other salaries and wages	4,797,024.	3,394,009.	300,147.	090,000.
8	Pension plan accruals and contributions (include section	180,497.	131,400.	15,575.	33,522.
9	401(k) and 403(b) employer contributions)	779,516.	589,533.	29,232.	160,751.
10	Other employee benefits	378,818.	269,984.	22,182.	86,652.
10	Fees for services (non-employees):	,		,,	
	Management	0			
	Legal	18,290.			18,290.
	Accounting	62,117.		62,117.	
_	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	78,699.		78,699.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 001 654	005 405	106 550	000 660
	(A) amount, list line 11g expenses on Schedule O.)	1,291,654.	886,426.	106,559.	298,669.
12	Advertising and promotion	27,294. 1,335,686.	5,095. 1,045,764.	34,187.	22,199. 255,735.
13	Office expenses	1,335,000.	1,045,764.	34,107.	255,735.
14 15	Information technology	0			
16	Royalties	1,604,528.	1,276,282.	75,873.	252,373.
17	Travel	97,523.	60,872.	4,748.	31,903.
18	Payments of travel or entertainment expenses	·	·		· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	585.	343.	74.	168.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	526,573.	382,274.	39,005.	105,294.
23	Insurance	87,601.	64,961.	5,256.	17,384.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•	STAFF/VOLUNTEER TRAINING	104,133.	41,775.	3,280.	59,078.
_	MEMBERSHIPS & SUBSCRIPTIONS	42,761.	35,605.	1,597.	5,559.
	MISCELLANEOUS EXPENSES	145,985.	119,860.	5,947.	20,178.
d		,	,	•	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,916,803.	12,414,640.	926,054.	2,576,109.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ➤ X if				
JSA	following SOP 98-2 (ASC 958-720)	0	78,651.		219,183.

JSA 2E1052 1.000

Form 990 (2012) Page **11**

Part X Balance Sheet

ПС	ווא	Dalatice Stieet					
		Check if Schedule O contains a response t	o any	question in this Part	t X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			904,849.	1	1,380,394.
	2	Savings and temporary cash investments			1,097,990.	2	937,829.
	3	Pledges and grants receivable, net			2,406,532.	3	1,874,128.
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and t	forme	officers, directors,			
		trustees, key employees, and highest co	mpen	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont			0	5	0
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),					
		and sponsoring organizations of section 501(c)(9) volu	ntary e	employees' beneficiary			
s		organizations (see instructions). Complete Part II of Sche	dule L		0	_	0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges	:		1,110,352.	9	846,606.
	10 a	Land, buildings, and equipment: cost or					
			10a	6,104,698.			0.044.470
		Less: accumulated depreciation		2,738,519.	3,848,053.		
	11				11,885,845.	11	11,236,369.
	12	Investments - other securities. See Part IV, line 11			961,557.		1,058,733.
	13	Investments - program-related. See Part IV, line 11			0		0
	14	Intangible assets			616,924.	14	537,916.
	15	Other assets. See Part IV, line 11			22,832,102.	15 16	21,238,154.
	16 17	Total assets. Add lines 1 through 15 (must equal			1,080,027.	17	1,127,749.
	18	Accounts payable and accrued expenses		18	1,127,749.		
	19	Grants payable	136,488.	19	126,666.		
	20	Deferred revenue Tax-exempt bond liabilities				20	120,0001
s	21	Escrow or custodial account liability. Complete Pa	art IV o	if Schedule D		21	0
ij	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compens					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0		0
	24	Unsecured notes and loans payable to unrelated to			0		0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-24	1). Complete Part X			
		of Schedule D			2,047,895.	25	1,933,508.
	26	Total liabilities. Add lines 17 through 25			3,264,410.	26	3,187,923.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here X and			
anc	27	Unrestricted net assets			13,837,832.	27	12,796,853.
Fund Balances	28	Temporarily restricted net assets			5,729,860.	28	5,253,378.
힏	29	Permanently restricted net assets		<u></u> [0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	chere and			
ts (30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	ipmen			31	
Ä	32	Retained earnings, endowment, accumulated inco	ome, c	or other funds		32	
Se	33	Total net assets or fund balances			19,567,692.	33	18,050,231.
_	34	Total liabilities and net assets/fund balances			22,832,102.	34	21,238,154.

Form 990 (2012) Page **12**

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,8	76,6	550.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,9	16,8	303.	
3	2.040						
4	. 10						
5	[20]						
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
D 1	33, column (B))	10		18,0	50,2	231.	
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
	Check it Schedule O contains a response to any question in this Part All				V	NI -	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No	
'	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlair					
	Schedule O.	кріан					
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	niled	or	Za		- 25	
	reviewed on a separate basis, consolidated basis, or both:	piico	01				
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	Х		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit						
	separate basis, consolidated basis, or both:	eu o	ii a				
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht					
	of the audit, review, or compilation of its financial statements and selection of an independent accour	_)	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name	of the organization							Emplo	yer iden	tification num	ber
CANC	ER CARE, INC.								13	-1825919	
Part	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions) <u>.</u>	
The or	rganization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)			
1 _	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)			
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	n 170(k)(1)(A)	(iii).			
4	A medical researc	ch organization op	erated in conjunction wi	ith a h	ospita	I descr	ibed in	sectio	n 170(k	o)(1)(A)(iii).	Enter the
_	hospital's name, cit										
5			nefit of a college or univ	ersity	owned	or ope	erated b	oy a go	vernme	ental unit de	scribed in
c [section 170(b)(1)(or governmental unit des	oribod	in 0001	ion 170	V/b\/4\/	A \			
6 <u> </u>		•	•						it or fr	om the gen	oral public
′ ∟	described in section		es a substantial part of it	s supp	ort no	ili a yu	Verrinie	illai ui	iit Oi iit	Jili tile geli	erai public
8	_		on 170(b)(1)(A)(vi). (Com	nloto E	Dart II \						
9 -			es: (1) more than 331/3%				contrib	utione	memb	archin faac	and arose
J			exempt functions - sub							-	_
	•		ome and unrelated busi					٠,			
			ne 30, 1975. See section				,			taxy from t	74011100000
10			ted exclusively to test for						.		
11	–	•	rated exclusively for the	•					•	or to car	rv out the
		-	ipported organizations de			-					-
		· · · · · ·	es the type of supporting					•			
	a Type I		c Type III-Function	_						unctionally ir	ntegrated
е	By checking this	box, I certify that	the organization is not	contr	olled o						
	persons other than	n foundation mana	gers and other than one	or mo	re pub	licly su	pported	d organ	izations	described	in section
	509(a)(1) or sectio	n 509(a)(2).									
f	If the organization	received a writte	n determination from th	e IRS	that it	is a T	уре І, Т	ype II,	or Typ	e III suppor	ting
	organization, check	this box									📖
g	Since August 17, 2	2006, has the orga	nization accepted any gift	t or co	ntributi	on from	n any of	the			
	following persons?									•	
			ectly controls, either alor		_						Yes No
		_	dy of the supported organ	ization	?						
			scribed in (i) above?							11g(ii	-
L.			on described in (i) or (ii) a							11g(iii	<u> </u>
<u>h</u>		, -	ut the supported organiza	T		63 Did.		6.23.1	l - 4b -	(neii) A	-1
(I	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		s the zation in	(vii) Amount supp	
	-		above or IRC section (see instructions)	your go	listed in overning		l. (i) of upport?		rganized U.S.?		
			(See manuchons))	Yes	No	Yes	No	Yes	No	_	
				1.00							
(A)											
/B)											
(B)											
(C)											
(D)											
(E)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not 18,816,145 16,106,692 17,704,553 include any "unusual grants.") 14,553,443 12,674,534 79,855,367. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 18,816,145. 16,106,692 17,704,553. 14,553,443. 12,674,534 79,855,367. The portion of total contributions by person each (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount 8,830,985. shown on line 11, column (f) Public support. Subtract line 5 from line 4. 71,024,382 Section B. Total Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 18,816,145 16,106,692 17,704,553 14,553,443 12,674,534 79,855,367. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 246,909 sources 389,005 299,405 296,961 340,074 1,572,354. Net income from unrelated business activities, whether or not the business 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1 471,122 545,742 83,739,748. 11 Total support. Add lines 7 through 10 . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 01 020

40-	22 to 0/ prompart test 2042. If the promination did not about the boy on line 42, and line 44 is	224	·= 0/ = = == ===	مامماد	
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		74.34%	ó
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		04.02%	0

- 16a 331/3% support test 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check
- b 331/3% support test 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
- 17a 10%-facts-and-circumstances test 2012. 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
 - b 10%-facts-and-circumstances test 2011. 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
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012

JSA 2E1220 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page **3**

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	1					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1					
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						
	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						
r	Add lines 7a and 7b	, 					
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	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	n's first second	third fourth or	fifth tay year a	s a section 501	(c)(3)
	organization, check this box and stop here	· ·	•	•	•		` ^ ` .
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2012 (line 8			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	<u>%</u>
	tion D. Computation of Investmen					10	/0
<u> 17</u>	Investment income percentage for 2012 (li			13 column (f))		17	%
18	Investment income percentage from 2011					18	<u> </u>
	331/3% support tests - 2012. If the or						
ıJa		-					. —
L	17 is not more than 331/3%, check th	-	-	•		•	
D	331/3% support tests - 2011. If the orga						. \square
20	line 18 is not more than 331/3 %, check		•	•	. ,		

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page **4**

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	1				
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISC REV & INVENTORY SALES	572,735.	471,122.	545,742.	511,048.	211,380.	2,312,027.
TOTALS	572.735.	471,122	545.742.	511.048.	211.380.	2.312.027.

JSA 2E1225 1.000

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization		Employer identification number					
CANCER CARE, INC.							
Organization type (check one	a).	13-1825919					
Organization type (check one	5).						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ution					
	501(c)(3) taxable private foundation						
instructions. General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a	opeona ridio. Goo					
For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or					
Special Rules							
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support $P(a)(1)$ and 170(b)(1)(A)(vi) and received from any one contributor, during the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11.	ne year, a contribution of					
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitates, or the prevention of cruelty to children or animals. Complete Parts I, II	able, scientific, literary,					
during the year, co not total to more th year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ntributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the san \$1,000. If this box is checked, enter here the total contributions that we sely religious, charitable, etc., purpose. Do not complete any of the parts unless in inization because it received nonexclusively religious, charitable, etc., contract	ese contributions did re received during the ess the General Rule dibutions of \$5,000 or					
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Sist answer "No" on Part IV, line 2 of its Form 990; or check the box on line IPF, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 13-1825919

Part I	Contributors	(see instructions).	. Use duplicate co	pies of Part I if a	dditional space is needed.
--------	---------------------	---------------------	--------------------	---------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$1,000,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$800,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$772,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _			Person X Payroll
		\$656,550.	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	\$656,550. (c) Total contributions	Noncash (Complete Part II if there is
	(b)	(c)	Noncash (Complete Part II if there is a noncash contribution.) (d)
No.	(b)	(c) Total contributions	Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 13-1825919

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.
--------	--------------	---------------------	---------------	---------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$436,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$400,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$397,475.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4	\$280,050.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4	\$280,050. (c) Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number

13-1825919

art II	Noncash Property	(see instructions).	Use duplicate copies	of Part II if additional space is needed.
--------	-------------------------	---------------------	----------------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
· · · · · · · · · · · · ·		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Employer identification number

1	٦.	- 1	8	2	5	9	1	C

Part III E	Exclusively religious, charitable, etc., hat total more than \$1,000 for the ye	individual contribution ear. Complete columns	ns to section 501(c)(7), (8), or (10) organizations (a) through (e) and the following line entry.
F	For organizations completing Part III, eacontributions of \$1,000 or less for the	nter the total of exclusive	vely religious, charitable, etc.,
ι	Jse duplicate copies of Part III if addition	•	ration office. Gee instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is hel
		(e) Transfer of	f gift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is hel
		(e) Transfer of	f gift
	Transferee's name, address, an	d 7ID + 4	Relationship of transferor to transferee
	audiess, and		relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is hel
		(e) Transfer of	f gift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gi	ift (d) Description of how gift is hel
Part I	-		
		(e) Transfer of	f gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Employer identification number

CAN	ICER CARE, INC.	13-1825919
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	<u> </u>
	(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 o	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 fund-	s can 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
Pai	Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 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 education) Preservation of	an historically important land area
	Protection of natural habitat	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 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 Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax 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, har	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
_	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ar statements that describes the
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
ıa	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Olimai Assets.
10		avanue statement and belongs about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide the following amounts relating to these items:	ation, or research in furtherance of
	(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 a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	> ¢
a b		Ψ

Page 2

Schedule D (Form 990) 2012

Par	t III Organizations Maintaining C	ollections of	f Art, His	storical 1	Treasu	res,	or Ot	her Simil	ar Asse	ets (con	tinu	<u>ed)</u>
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and c	other reco	rds, check	c any o	f the	follow	ing that a	re a sigr	nificant us	se of	f its
_			. .	7			~ * ~ ~ * ~ *					
a	Public exhibition Scholarly research		d e		or excha							
b	Preservation for future generations		е _	_ Other								
С 4	Provide a description of the organization		and eval	ain how t	hov fur	thor	the ore	anization's	ovomn	t nurnose	in	Dart
7	XIII.	ira collectiona	and expi	alli ilow t	ney rui	liici	the org	janizations	exemp	r purpose	, 111	ı aıı
5	During the year, did the organization solid	cit or receive d	lonations o	of art histo	orical tr	easui	es or o	other simila	ar			
Ū	assets to be sold to raise funds rather tha								_	Yes		No
Par	t IV Escrow and Custodial Arrang										Part	
	line 9, or reported an amount of				,ameat			04 .00		. 000, .	u. t	,
	, 1		, ,									
1a	Is the organization an agent, trustee, cust	odian or other	r intermed	iary for co	ntributi	ons c	r other	assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in Part >	(III and comple	ete the foll	lowing tab	le:							
								Ar	nount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f					_	
2a	Did the organization include an amount of	n Form 990, F	Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part >											
Par		Current year								(a) Faur		
1a		, 337 , 832 .	(b) Prid	0,462.	(c) Tw		991.	(d) Three ye		(e) Four y		
b	Contributions	, 337, 032.	13,03	0,402.			161.	7,113	,250.	1,0		
	Net investment earnings, gains,					200,	101.			1,0	J	710
·		,076,657.	-20	7,601.	2.:	222.	310.	962	,929.	-2,1	09.	516
d	Grants or scholarships	, ,		.,0021		,	3201		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 7 7	
	Other expenditures for facilities											
	-	,117,636.	2,08	5,029.				288	,168.			
f	Administrative expenses											
g	End of year balance 10	,296,853.	11,33	7,832.	13,6	630,	462.	10,119	,991.	9,4	45,	230
2	Provide the estimated percentage of the	current year e	nd balance	e (line 1g,	column	(a)) l	held as:					
а	Board designated or quasi-endowment	100.0000	%									
b	Permanent endowment ▶	%	_									
С	Temporarily restricted endowment ▶	%										
_	The percentages in lines 2a, 2b, and 2c s	-										
3a	Are there endowment funds not in the po	ssession of th	ne organiza	ation that	are hel	d and	l admin	istered for	the			
	organization by:										es	No
	(i) unrelated organizations									3a(i)	_	X
L	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizati		•							3b		
4	Describe in Part XIII the intended uses of											
Par			•	1		. T						
	Description of property	(a) Cost or (invest		(b) Cost o	r other ba ther)	ISIS		umulated eciation	(0	l) Book valu	е	
	Land		,	, ,			-1					
b	Buildings											
C	Leasehold improvements			3,2	293,12	21.	1.19	98,698.		2,09	4,4	23.
d	Equipment				395,13	_		07,427.			-, - 7,7	
е	Other				16,44	_		32,394.				47.
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Forn	n 990, Part							3,36		

Schedule D (Form 990) 2012 Page **3**

(a) Description of investment type (b) Book value Cost or end-d-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). (4) (5) (6) (7) (8) (9) (10) Cother Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (f) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
(2) Closely-held equity interests		(a) Description of security or category (including name of security)	(b) Book value		
(2) Closely-held equity interests	(1) Financia	al derivatives			
(A) (B) (C) (C) (C) (D) (E) (E) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (F) (G) (G) (F) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(6) (7) (8) (9) (10) (10) (10) (11) (10) (10) (10) (10					
C C C C C C C C					
Column (b) must equal Form 990, Part X, col. (B) line 12.) Part X Other Assetts. See Form 990, Part X, line 15. Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15. Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 15. Column (b) must equal Form 990, Part X, col. (B) line 15. C					
(E) (B) (B) (C) (B) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(F) (B) (C) (C) (F) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I					
(5) (b) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (f) (e) (f) (e) (f) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(1)					
Cost of end-of-year market value Cost of end-of					
Investments - Program Related. See Form 990, Part X, line 13.					
(a) Description of investment type (b) Book value Cost or end-d-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). (4) (5) (6) (7) (8) (9) (10) Cother Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (f) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) (2) (3) (4) (4) (5) (9) (9) (10) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment type	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) (10) (10) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Expert Reint (c) Expe					
(4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶ Part X Other Assets. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, line 25. (b) Book value (c) (c) (d)					
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (1) Federal income taxes (2) DEFFERED RENT 1, 516, 850. (3) ACCRUED POSTRETIREMENT BENEFIT 251, 790. (4) ANNUITIES PAYABLE 164, 868. (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (10) (11) (11					
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUTTIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(7) (8) (9) (10) Total. (Column (b) must 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 (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUTTIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX					
(9) (10) Total (Column (b) must 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
Total. Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
(a) Description (b) Book value (1)	<u> </u>	n (b) must equal Form 990, Part X, col. (B) line 13.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1, 516, 850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164, 868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.	Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(5) (6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT (3) ACCRUED POSTRETIREMENT BENEFIT (3) ACCRUED POSTRETIREMENT BENEFIT (4) ANNUITIES PAYABLE (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(6) (7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1, 516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(7) (8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(8) (9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1, 516, 850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164, 868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(9) (10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(10) Total. (Column (b) must 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) Book value (1) Federal income taxes (2) DEFERRED RENT (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1, 933, 508.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,933,508.		umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED RENT 1,516,850. (3) ACCRUED POSTRETIREMENT BENEFIT 251,790. (4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,933,508.	Part X				•
(2) DEFERRED RENT (3) ACCRUED POSTRETIREMENT BENEFIT (4) ANNUITIES PAYABLE (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.	1.	(a) Description of liability	(b) Book valu	e	
(3) ACCRUED POSTRETIREMENT BENEFIT (4) ANNUITIES PAYABLE (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(4) ANNUITIES PAYABLE 164,868. (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.		ITIES PAYABLE	164,8	868.	
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,933,508.					
		nn (b) must equal Form 990. Part X col. (B) line 25.)	1.933	508.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					eports the organization's

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

PAGE 27

13-1825919

CANCER CARE, INC.

Schedule D (Form 990) 2012 Page 4

	e D (Form 990) 2012		Page 4
Part		n	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	
Part		_	
1 ar t	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
	Developed and the second secon		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.		
SE	E PAGE 5		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

CANCER CARE'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT PROGRAM SERVICE

ACTIVITIES. THE ORGANIZATION'S INVESTMENT OBJECTIVE IS THE HIGHEST TOTAL

RETURN CONSISTENT WITH PRUDENT INVESTMENT MANAGEMENT AND THE PRESERVATION

OF CAPITAL.

INCOME TAX POSITION

SCHEDULE D, PART X, LINE 2

CANCER CARE IS A SECTION 501(C)(3) ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION AS DEFINED IN SECTION 509(A)(1) OF THE CODE. IN ADDITION, CANCER CARE HAS BEEN CLASSIFIED AS NONPROFIT IN CHARACTER FOR STATE AND LOCAL INCOME TAX PURPOSES.

ACCORDINGLY, THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES EXCEPT TO

THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO

ITS EXEMPT PURPOSE. THE ORGANIZATION RECOGNIZES THE EFFECTS OF INCOME TAX

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

SUSTAINED. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL 2013 OR

2012.

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number CANCER CARE, INC. 13-1825919

Pai	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	ered "Yes" to
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistance	e, and the selection criteri	a used to award the	Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pı	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow (a) Region	ving Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in region	e duplicated if additional sp (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,058,733.
(2)	<u> </u>					
(3) (4)						
(5)						
(6))					
(7))					
(8)						
(9) (10)						
(11))					
(12))					
(13)						
(14) (15)						
(16)						
(17)						1 050 500
3a b						1,058,733.
_	. Tutale ladd iidde ka abd Kb)	1	I .			1 050 722

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV, appraisal, other)
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

Schedule F (Form 990) 2012

CANCER CARE, INC. 13-1825919

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
_ (4)							
_ (5)							
_(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(</u> 15)							
<u>(</u> 16)							
<u>(17)</u>							
<u>(</u> 18)							

Schedule F (Form 990) 2012

CANCER CARE, INC. 13-1825919

Schedule F (Form 990) 2012 Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

2E1277 1.000 PT8733 E299 V 12-7.12 589106 PAGE 33 CANCER CARE, INC. 13-1825919

Schedule F (Form 990) 2012 Page **5**

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

JSA Schedule F (Form 990) 2012

2E1502 1.000 PT8733 E299 V 12-7.12 589106 PAGE 34

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

value of the organization					Linployer identification	on number
CANCER CARE, INC.					13-1825919	
Part I Fundraising Activities. Con Form 990-EZ filers are not				"Yes" to Form 9	990, Part IV, line	17.
1 Indicate whether the organization rai				activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g		
b Internet and email solicitations	f			government grant		
c Phone solicitations	g g			ising events	•	
	9	oper	Jiai Turiura	ising events		
d In-person solicitations						
2a Did the organization have a written of or key employees listed in Form 990						Yes No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶			
3 List all states in which the organiza registration or licensing.	tion is registered o	r licensed	d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2012

Page 2

Schedule G (I	Form 990 or 990-EZ) 2012
Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 AWARD DINNER	(b) Event #2 GALA	(c) Other events 26.	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	340,500.	420,951.	1,224,955.	1,986,406
		Less: Contributions Gross income (line 1 minus	307,735.	310,140.	1,030,129.	1,648,004
	3	line 2)	32,765.	110,811.	194,826.	338,402
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	216.		26,690.	26,906
	7	Food and beverages	25,889.	68,109.	53,899.	147,897
	8	Entertainment			7,050.	7,050
	9	Other direct expenses	6,660.	42,422.	107,187.	156,269
	10	Direct expense summary. Add lines 4	through 9 in column (d)		(338,122.)
	11	Net income summary. Combine line 3	3, column (d), and line 1	0	<u> ▶</u>	280
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more
une		man \$13,000 on 1 onn 330 E	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
uses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
					,	
	ı İs	nter the state(s) in which the organizate the organization licensed to operate of "No," explain:		of these states?		Yes No
	_				·	
		/ere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe			Yes No

CANCER CARE, INC.

Sched	dule G (Form 990 or 990-EZ) 2012		Page 3	3
11	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes	No	_
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	Yes	No	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		%	D
b	An outside facility		%	D
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			_
	Address ►			_
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	Yes	No	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			_
	Address ▶			_
16	Gaming manager information:			
	Name ▶			_
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			_
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Yes	No	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
	or spent in the organization's own exempt activities during the tax year > \$			_
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).		this	

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Employer identification number Name of the organization CANCER CARE, INC. 13-1825919 Part 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 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. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant or government if applicable non-cash assistance or assistance cash assistance (1) AMERICAN HEART ASSOCIATION _____ 426 17TH STREET, STE 300 OAKLAND, CA 94612 13-5613797 |501(C)(3) 45.743. SHARED FUNDRAISER (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

ISΔ

_{2E1288 1.000} PT8733 E299

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1 TRANSPORTATION, CHILDCARE & GENERAL	15,610.	3,633,623.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANT ELIGIBILITY RECORDS

SCHEDULE I, PART I, LINE 2

WITH CANCER TO PROVIDE SUPPORT FOR PRACTICAL NEEDS SUCH AS TRANSPORTATION
TO TREATMENT, CHILD CARE, HOME CARE, SUPPORTIVE MEDICATIONS AND MEDICAL
SUPPLIES. CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM IS SUPPORTED BY OVER
20 DIFFERENT FUNDING STREAMS AND GRANTS VARY BASED ON DIAGNOSIS AND
GEOGRAPHY. IN ADDITION TO RECEIVING FINANCIAL SUPPORT, EACH CLIENT

CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM PROVIDES GRANTS TO INDIVIDUALS

RECEIVES A FULL PSYCHOSOCIAL ASSESSMENT BY A MASTERS-TRAINED SOCIAL

WORKER AND IS ELIGIBLE TO PARTICIPATE IN ALL OF CANCER CARE'S FREE

Schedule I (Form 990) (2012)

JSA

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated 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
_1					
_2					
_3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SUPPORT AND EDUCATIONAL SERVICES. CANCER CARE MAKES INFREQUENT

ORGANIZATIONAL GRANTS. HOWEVER, WHEN A GRANT IS MADE, EACH REQUIRES

REGULAR REPORTING REGARDING THE EXPENDITURE OF FUNDS, IN ADDITION TO

PROGRAMMATIC STATISTICS AND A SUMMARY OF ACCOMPLISHMENTS UNTIL THE

EXPENDITURE OF FUNDS OR THE PROJECT IS COMPLETE.

SCHEDULE J (Form 990)

Department of the Treasury

Questions Regarding Compensation

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization CANCER CARE, INC. 13-1825919

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_	To Post on Park Many of the College and the co			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
2	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The real territor to any or miles to the percent and provide the applicable amounts for each term in rate in			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
HELEN MILLER	(i)	256,984.	(1,225.	20,657.	11,444.	290,310.	0
1 CHIEF EXECUTIVE OFFICER	(ii)	13,526.	(65.	1,087.	602.	15,280.	0
JOHN RUTIGLIANO	(i)	168,357.	(315.	11,807.	8,432.	188,911.	0
2 CHIEF OPERATING OFFICER	(ii)	72,153.	(135.	5,060.	3,614.	80,962.	0
SUE LEE	(i)	142,139.	(282.	7,121.	11,444.	160,986.	0
3 DIR OF DEVELOPMENT, INST SUPPT	(ii)	7,481.	(15.	375.	602.	8,473.	0
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)		L					
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

JSA 2E1291 1.000

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

JSA 2E1505 1.000

SCHEDULE M (Form 990)

Noncash Contributions

20**12**

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Name of the organization CANCER CARE, INC.

Employer identification number

13-18	25919
-------	-------

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	1.	20 142	FMV			
9	Securities - Publicly traded	Λ	1.	20,142.	FIVIV			
10	Securities - Closely held stock				-			
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
17	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	nization during the tax ye	ar for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three yea							
	used for exempt purposes for the e		period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	X	
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report ar describe in Part II.	amount in	column (c) for a type of pro	pperty for which column (a)) is checked,			

Schedule M (Form 990) (2012) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTORS

FORM 990, SCHEDULE M, PART I, COLUMN (B)

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

JSA Schedule M (Form 990) (2012)

2E1508 2.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

CANCER CARE, INC.

Employer identification number 13-1825919

ORGANIZATION MISSION

FORM 990, PART III, LINE 1

FOUNDED IN 1944, CANCERCARE IS ONE OF THE NATION'S LARGEST ORGANIZATIONS

DEDICATED TO HELPING PEOPLE COPE WITH, AND MANAGE, BOTH THE EMOTIONAL AND

PRACTICAL CHALLENGES OF CANCER. OUR STAFF OF PROFESSIONAL ONCOLOGY SOCIAL

WORKERS PROVIDES CARE - AT NO CHARGE - TO PEOPLE IN ALL 50 STATES, IN

BOTH URBAN AND RURAL AREAS.

A NATIONAL, NONPROFIT 501(C)3) ORGANIZATION, OUR COMPREHENSIVE NETWORK OF SERVICES INCLUDES COUNSELING AND SUPPORT GROUPS, EDUCATION, RESOURCES AND FINANCIAL AND CO-PAY ASSISTANCE. THE CANCERCARE WEBSITE,

WWW.CANCERCARE.ORG, OFFERS INFORMATION, TOOLS AND INTERACTIVE SUPPORT AND HAS GROWN TO BECOME A LEADING ONLINE CANCER RESOURCE.

SERVING 1,000,000 PEOPLE EACH YEAR, CANCERCARE REACHES ALL 50 STATES, INCLUDING BOTH URBAN AND RURAL AREAS.

THE SIZE AND SCOPE OF CANCERCARE HAS GROWN TREMENDOUSLY SINCE 1944, BUT

THE MISSION REMAINS THE SAME: TO PROVIDE HELP AND HOPE TO ANYONE AFFECTED

BY CANCER. TO LEARN MORE, VISIT WWW.CANCERCARE.ORG OR CALL 800-813-HOPE

(4673).

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FAMILY OR BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 2

EDWARD C. LAUBER AND MARSHA J. PALANCI HAVE A FAMILY RELATIONSHIP.

FORM 990 REVIEW PROCESS

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

THE IRS FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S CHIEF OPERATING OFFICER AND TREASURER AND IS THEN DISTRIBUTED TO ALL TRUSTEES PRIOR TO FILING.

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

EACH TRUSTEE IS PROVIDED WITH A BOARD MANUAL ANNUALLY WHICH, IN ADDITION TO OUTLINING THE BOARD'S RESPONSIBILITIES AND STRUCTURE, PROVIDES A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO REVIEW SUCH POLICY ANNUALLY AND REPORT TO THE CHIEF EXECUTIVE OFFICER ANY POTENTIAL CONFLICTS. ADDITIONALLY, ALL VENDOR RELATIONSHIPS ARE REQUIRED TO BE APPROVED BY THE CHIEF OPERATING OFFICER WHO MONITORS CONTRACTS, AGREEMENTS AND VENDOR RELATIONSHIPS FOR POTENTIAL CONFLICTS FOR TRUSTEES, KEY EMPLOYEES AND STAFF.

CORPORATE OFFICERS AND KEY EMPLOYEES ALSO ANNUALLY REVIEW POTENTIAL CONFLICTS OF INTEREST.

IN THE EVENT OF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST, TRUSTEES,

CORPORATE OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REMOVE THEMSELVES

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FROM ANY RELATED DISCUSSION OR DECISION.

DOCUMENT RETENTION & DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

THE ORGANIZATION IS CURRENTLY WORKING ON A NEW POLICY MANUAL, AND A FORMAL, WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY WILL BE INCLUDED IN THE MANUAL.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION'S COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF ALL PAID OFFICERS AND KEY EMPLOYEES ANNUALLY DURING THE PERFORMANCE EVALUATION PROCESS. THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT INDIVIDUALS SELECTED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE DIRECTOR OF HUMAN RESOURCES PREPARES AN ANNUAL BENCHMARKING STUDY FOR ALL KEY POSITIONS. SUCH BENCHMARKING UTILIZES DATA FROM GUIDESTAR AND OTHER COMPENSATION SURVEYS AND ATTEMPTS TO IDENTIFY THE MOST PERTINENT COMPARABLES BY TYPE OF NOT-FOR-PROFIT, BUDGET SIZE AND GEOGRAPHY. THE COMPENSATION COMMITTEE MEMBERS REVIEW AND ANALYZE THE INFORMATION PRESENTED, INCORPORATE ANY VARIANCES OF ACTUAL JOB RESPONSIBILITIES AS COMPARED TO THE BENCHMARKED POSITIONS AND MAKE A DETERMINATION AS TO THE APPROPRIATENESS OF CURRENT COMPENSATION AND ANNUAL COMPENSATION ADJUSTMENTS. THE DETERMINATION IS SUBSTANTIATED IN A CONTEMPORANEOUS MEMORANDUM TO THE HUMAN RESOURCES DEPARTMENT.

DOCUMENTS AVAILABLE TO THE PUBLIC

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FORM 990, PART VI, SECTION B, LINE 19

CANCER CARE'S FINANCIAL STATEMENTS FOR THE MOST RECENT THREE YEARS ARE

DISCLOSED ON ITS WEB SITE, WWW.CANCERCARE.ORG, AND ARE MADE AVAILABLE

UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS NOR

ITS CONFLICT OF INTEREST POLICY PUBLICLY AVAILABLE BUT PROVIDES IT UPON

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

REQUEST TO DONORS AND CORPORATE GRANTORS.

DESCRIPTION GRANTS EXPENSES REVENUE

INFO & PUB (CANCERCARE INFORM TM) 2,229,705.

TOTALS 2,229,705.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, CA, CO, CT,

FL, GA, IL, KS, KY, ME, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MCS MARKETING DIRECT MARKETING 263,755.

321 MANLEY STREET

WEST BRIDGEWATER, MA 02379

PHILIP HOLZER AND ASSOCIATES PRINTING 247,652.

350 MICHELE PLACE

Schedule O (Form 990 or 990-EZ) 2012

JSA 2E1228 1.000

Name of the organization	Employer identification number
CANCER CARE, INC.	13-1825919
	VALAYCHWENA 3 (CONATID)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CARLSTADT, NJ 07072		
FRONTLINE MEDICAL COMMUNICATIONS 7 CENTURY DRIVE, SUITE 302 PARSIPPANY, NJ 07054	WRITE/PRINT/EDIT	199,904.
GENESYS CONFERENCING, INC. DEPARTMENT 0938 DENVER, CO 80256	TELECONFERENCING	170,405.
ROSEN MANDELL & IMMERMAN, INC. 121 VARICK STREET NEW YORK, NY 10013	PRINTING	137,490.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Name of the organization

CANCER CARE, INC.

Employer identification number
13-1825919

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor entit	ntrolling
_(1)							
_(2)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	(Complete if the	e organization ans	wered "Yes" to Fo	orm 990, Part IV,	line 34 because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (sta	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
	CO-PAY ASSI	ST NY	501(C)(3)	11A TYPE I	CANCER CARE	X	
_(2)			301(0)(3)	1111 1111 1	CHICER CHIE		
_(3)							
<u>(5)</u>							
<u></u>							

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

Schedule R (Form 990) 2012

JSA

PT8733 E299

V 12-7.12

589106

Schedule R (Form 990) 2012

					hip (Complete if the artnership during the		nswered "Yes"	to F	orm	990, Part IV, I	ine 3	34	
(a) Name, address, and EIN orelated organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
			Country)		3000013 312 314)			Yes	No	1	Yes	No	
<u>(1)</u>													
<u>(2)</u>													
<u>(3)</u>													
<u>(4)</u>													
<u>(5)</u>													
(6)													
<u>(7)</u>													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
<u>(6)</u>								
<u>(7)</u>								

Schedule R (Form 990) 2012

Sched	dule R (Form 990) 2012					P	age 3			
Pa	Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	rt IV, line 34, 35b, or 36.)							
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more r									
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X			
b	ift, grant, or capital contribution to related organization(s)									
С	Sift, grant, or capital contribution from related organization(s)									
d	oans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)	Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
-										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	Other transfer of cash or property to related organization(s)				1r		X			
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				sholds	s.				
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved		(d) thod of determining amount involved					
<u>(1)</u>	CANCER CARE CO-PAYMENT ASSISTANCE	N	394,187.	COST						
(2)	CANCER CARE CO-PAYMENT ASSISTANCE	0	282,857.	COST						
<u>(3)</u>	CANCER CARE CO-PAYMENT ASSISTANCE	Q	170,447.	COST						
<u>(4)</u>										
(5)										

Schedule R (Form 990) 2012

JSA 2E1309 1.000

(6)

PAGE 53 PT8733 E299 V 12-7.12 589106

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	Primary activity Legal do (state or f	(c) Legal domicile (state or foreign country)	domicile Predominant income (related,			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	(1 01111 1003)	Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
(6)													
(7)													
(8)													
(9)													
<u>(10)</u>													
(11)													
(12)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

JSA 2E1310 1.000

Schedule R (Form 990) 2012 Page 5

Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2012