Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Information	about For	m 990 and it	s instructions	is at v	www.irs.go	v/form990

Open to Public Inspection

A F	or th	ne 201	3 calendar year, or tax year begir	nning 07/01, 201	3, and	ending	_	0	6/30 ,2 0	14	
D			C Name of organization				D Employe	er identif	ication num	ber	
ВО	heck if ap	pplicable:	CANCER CARE, INC.				_				
	Addre		Doing Business As				13-18	32591	.9		
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/s	suite	E Telepho	ne numb	er		
	Initia	l return	275 SEVENTH AVENUE				(212)	712-	8400		
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer		NEW YORK, NY 10001				G Gross re	ceipts \$	22	,444,	,293.
		cation	F Name and address of principal officer:	PATRICIA GOLDSMITH			H(a) Is this a subordii		turn for	Yes	X No
	_ ,		275 SEVENTH AVENUE, N	EW YORK, NY 10001			H(b) Are all s		s included?	Yes	No
П	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No,"	attach a l	ist. (see instru	ctions)	
J	Websi	ite: 🕨	WWW.CANCERCARE.ORG		<u> </u>		H(c) Group	exemption	number		
K	Form	of organ	nization: X Corporation Trust	Association Other	L	Year of forma	ation: 1955	M Stat	e of legal do	micile:	NY
P	art I	Sui	mmary	-							
	1	Briefly	describe the organization's mission o	r most significant activities:							
ø			IMPROVE LIVES BY HELPING		AM DN		 HE				
anc			TIONAL AND PRACTICAL CHA								
ern	2			iscontinued its operations or dispo	sed of mo	ore than 25%	of its net as	ssets.			
Governance	3		per of voting members of the governing	·							30.
∞	4	Numb	per of independent voting members of t	he governing body (Part VI, line 1b)				4			30.
ties	5		number of individuals employed in cale								119.
Activities &	6		number of volunteers (estimate if neces								250.
Aci	7a	Total	unrelated business revenue from Part V	III. column (C) line 12				7a			
			nrelated business taxable income from								
_		1101 01	moduce been est taxable modific from				Prior Yea			rent Ye	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)			\neg	12,674	.590.	14	.417	,340.
Revenue	9	Progra	am service revenue (Part VIII, line 2a)	co	PY FOR			(,	7510
Ş.	10	Invoct	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line	PUBLIC	INSPEC	TION	776	,992.	<u> </u>	965	,163
R	11		revenue (Part VIII, column (A), lines 5,			-		,068.			,720
	12		revenue - add lines 8 through 11 (must				13,876				,223.
_	13		s and similar amounts paid (Part IX, colu				3,684		_		,328
	14		its paid to or for members (Part IX, colu				3,001	,,,±0.		7555	7320
"	4.5		es, other compensation, employee bene				6,808	 . 658 .	6	. 483	,982.
Expenses	162		ssional fundraising fees (Part IX, column				0,000	, 555.		7 200	7702
ber	h	Total	fundraising expenses (Part IX, column (I	D) line 25) \(2.469.47	5				<u> </u>		
Ж	17		expenses (Part IX, column (A), lines 11				5,423	429	5	276	,407.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX column (A) line 25)		• • •	15,916				,717.
	19		nue less expenses. Subtract line 18 from				-2,040		13		,506
or es		IXCVCI	Tue 1633 experises. Subtract line 10 from	11110 12			nning of Curre		End	l of Yea	
ets (20	Total	assets (Part X, line 16)			-	21,238,				,195.
Ass Bal	21		liabilities (Part X, line 26)				3,187				,905
Net Assets or Fund Balances	22	Not or	ssets or fund balances. Subtract line 21	from line 20		• • •	18,050				,290.
	rt II		gnature Block	nom line 20			10,000		1 10	,000	, 200
			of perjury, I declare that I have examined th	is return including accompanying sche	dules and	statements	and to the be	st of my	knowledge	and be	lief it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of w	hich prep	arer has any k	knowledge.				
Sig	ın		Signature of officer				Date				
He	re										
			Type or print name and title								
			Type preparer's name	Preparer's signature	Dat	e	Chast	:.	PTIN		
Paid	b				- 31		Check self-em	if	P0043	1862	
Pre	parer	F:	s name ▶ KPMG LLP				T		-556520		
Use	Only		s name KPMG LLP saddress 345 PARK AVENUE	NEW VODE NV 10154 01	0.2		Firm's EIN		2-758-9		
Max	/ tha l		cuss this return with the preparer show	a abaya? (aaa inatuustiana)			Phone no.		37		
			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		<u> </u>				es 000	No (2013)
ror	rape	ı work	Reduction Act Notice, see the separat	ย เทรน นิบันบทร ์.					For	ププリ	/(∠013)

JSA 3E1065 2.000

Pa	Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	. X
	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?	X No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	-
	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.	otners
	(Code:) (Expenses \$4,740,824. including grants of \$55,488.) (Revenue \$)	
	COUNSELING AND SUPPORT - TELEPHONE, ONLINE AND FACE-TO-FACE. ALL	
	SUPPORT SERVICES ARE PROVIDED BY PROFESSIONAL ONCOLOGY SOCIAL	
	WORKERS.	
4b	(Code:) (Expenses \$ $4,362,729$. including grants of \$ $3,477,190$.) (Revenue \$	
	FINANCIAL ASSISTANCE PROVIDES FUNDS FOR TREATMENT-RELATED COSTS,	
	SUCH AS OTC PAIN MEDICATION, TRANSPORTATION, HOMECARE, CHILDCARE	
	AND LYMPHEDEMA SUPPLIES.	
	AND DIMINISPERA GOTT DIEG.	
10	(Code:) (Expenses \$ _{970,256} . 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.	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1	
	(Expenses $$_{1,758,414}$ including grants of $$_{650}$) (Revenue $$$	
4e	Total program service expenses ► 11,832,223.	

JSA 3E1020 2.000 PT8733 E299 Form **990** (2013) V 13-7.15 589106

Part	TV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, 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			
	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			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
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
	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other		Ţ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ţ	
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to 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			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	21	
24 a	·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
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 L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
5 4	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	21	
D		25h	Х	
20		35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	2.0		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
	Part VI	37		X
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	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
٠.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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 119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F-0		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 21
_	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 reserves on hand	4.1		77
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		X
Ø	II TES, HAS IL HIEU A FUHH 720 TO TEPOIT THESE PAYIHEHTS! IL TVO, PLOVICE AH EXPIANATION IN SCHEOUIE U	140		1

JSA 3E1040 1.000 Form **990** (2013)

PT8733 E299 V 13-7.15 589106 PAGE 6

Form 990 (2013) CANCER CARE, INC. 13-1825919 Page **6**

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 30	1		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
01	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	- \	X
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernai Revenue	Coae	<i>9.)</i> Yes	No
				X	NO
	Did the organization have local chapters, branches, or affiliates?		10a	Λ	-
b	If "Yes," did the organization have written policies and procedures governing the activities of	-	401	X	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	10b	X	
_		ling the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Λ	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	=	401	Х	
	rise to conflicts?		12b	Λ	_
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-	422	Х	
	describe in Schedule O how this was done		12c	X	_
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		- ZX
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		150	X	
a	The organization's CEO, Executive Director, or top management official		15a 15b	X	
b	Other officers or key employees of the organization		130	21	
400					
104	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	•	16a		Х
h	with a taxable entity during the year?		104		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	saleguald the	16b		
Sect	ion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2	2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		501/	:)(3)e	only)
10	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Sch		301(0	,,(0)	Olly)
19	Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	s, conflict of int	erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	ne		

JSA Form **990** (2013)

Form 990 (2013) CANCER CARE, INC. 13-1825919 Page **7**

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

Check if Schedule O contains a response or note to any line in this Part VII........

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	erson	e than o is both tor/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	Institutional trustee	Officer	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)MICHAEL PARISI	5.25									
PRESIDENT & TRUSTEE BEG.06/14	0	Х		Х				0	0	0
(2)ANDREW C. PIZZO	4.25									
SENIOR VP & TRUSTEE BEG. 06/14	0	Х		Х				0	0	0
(3)MARGARET R. DIAZ-CRUZ, LMSW	3.50									
VICE PRESIDENT & TRUSTEE	1.00	Х		Х				0	0	0
(4)EDWARD C. LAUBER	3.00									
VICE PRESIDENT & TRUSTEE	0	X		Х				C	0	0
(5)MAGGY M. SIEGEL	3.00									
VICE PRESIDENT & TRUSTEE	0	X		Х				0	0	0
(6)DAVID J. KEISMAN	4.25									
TREASURER & TRUSTEE BEG. 06/14	0	X		Х				0	0	0
(7)JAN MYERS COOK, ESQ	4.25									
SECRETARY & TRUSTEE BEG. 06/14	0	X		Х				О	0	0
_(8)MICHAEL SCHECHTER	3.75									_
ASST TREAS & TRUSTEE BEG.06/14	0	X		Х				C	0	0
_(9)JANET DEWART BELL	1.00									_
TRUSTEE	0	X						О	0	0
(10)AUDREY A. BOUGHTON	1.50							_	_	_
TRUSTEE	0	Х						О	0	0
(11)FRANK DOROFF	1.00									
TRUSTEE	0	X						0	0	0
(12)TIMOTHY M. DWYER	$\frac{3.00}{1.00}$	3.7							_	
TRUSTEE THRU 06/2014	1.00	X						C	0	0
(13)JOHN N. EVANS TRUSTEE	2.75	Х						0	0	0
(14)PAUL M. FRIEDMAN	3.00									
TRUSTEE	1.00	Х						0	0	0
								1		Form 990 (2013)

Form **990** (2013)

.ISA

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	d)	
(A)	(B)				C)			(D)	(E)	F	(F)	
Name and title	Average hours per	(do r	not cl		ition more	e than c	one	Reportable compensation	Reportable compensation from		imated ount of	
	week (list any					is both		from	related		other	
	hours for related	9 5				tor/trust □ 및 표	_	the organization	organizations (W-2/1099-MISC)		ensation the	n
	organizations	divid	stitu	Officer	Key employee	ghes	Forme	(W-2/1099-MISC)	(**-2/1099-1013C)	orga	nizatio	
	below dotted line)	ual t	tiona	,	nplo	st co /ee	¬				related nization	
		Individual trustee or director	Institutional trustee		/ee	mpe						
		96	stee			Highest compensated employee						
15) LOUIS A. GUZZETTI, JR.	2.00					ğ.						
TRUSTEE	0	Х						0	0			0
16) CHRISTINE CONVERSE HOGAN	1.00							_	-			
TRUSTEE	0	Х						0	0			0
17) KRIS JOHNSON	1.00											
TRUSTEE	0	Х						0	0			0
18) CAROL LIN	1.50											
TRUSTEE	0	X						0	0			0
19) THERESA NATALICCHIO	1.50											
TRUSTEE	0	X						0	0			0
20) ALBERT G. NICKEL	1.00											
TRUSTEE	0	X						0	0			0
21) MARSHA J. PALANCI	1.75											0
TRUSTEE	0	X						0	0			0
22) WILLIAM C. PELSTER	2.00											0
TRUSTEE	1.00	X						U	U			0
23) DOROTHY SCHACHNE TRUSTEE	1.00	X							0			0
24) MIRANDA SCHILLER	3.00	Λ						0	0			
TRUSTEE	0	X						0	0			0
25) SUSAN SMIRNOFF	3.50											
TRUSTEE THRU 06/2014	0	Х						0	0			0
1b Sub-total							•	0	0			0
c Total from continuation sheets to Part VII, S	ection A		• •		• •		•	1,416,449.	110,141.	2	25,5	95.
d Total (add lines 1b and 1c)	_							1,416,449.	110,141.	2	25,5	95.
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	11	L									
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividi	ual						3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gre										4	Х	
individual										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5		Х
Section B. Independent Contractors	oo, oomple	.5 561	.000	,,,,,	01	34011	μοι					
Complete this table for your five highest com	nensated i	ndene	ende	ent i	con	tracto	rs t	hat received more	than \$100 000 c	of		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 ▶ 7

Form **990** (2013)

JSA 3E1055 1.000

Part VII Section A. Officers, Directors, Tru		<u>y </u>	ipic			una i	9.			Oritiria		
(A) Name and title	Average hours per week (list any hours for related	box,	unles r and	ss pe	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated nount of other pensation om the	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 27,1333 111,135)	an	anizatio d relateo anization	d
6) CORNELIA B. SPRING TRUSTEE	1.50 0	Х						0	0			
7) WALTER (CHIP) STEPPACHER TRUSTEE	1.00	Х						0	0			
8) MILTON G. STROM TRUSTEE	2.00	X						0	0			
9) JAMES B. SWIRE TRUSTEE	2.00	Х						0	0			
0) PAMELA SUTHERN WYGOD TRUSTEE	1.00	Х						0	0			
L) HELEN MILLER CEO THRU 8/2013 2) JOHN RUTIGLIANO	33.00 2.00 24.00			Х				262,185.	9,098.		35,3	33
CHIEF OPERATING OFFICER 3) PATRICIA GOLDSMITH	11.00			X				168,840.	72,360.		30,5	514
CEO BEG. 05/2014 4) JAN MCDAVITT	5.25 35.00			Х				0	0			
CHIEF DEVELOPMENT OFFICER 5) SUE LEE	0 33.00				Х			189,354.	0		23,0	
DIRECTOR OF DEVELOPMENT, INSTI	35.00				X			142,671.	7,509.		21,1	
PROG DIV DIRECTOR THRU 1/14 1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization	imited to tl	nose	liste			e) who	> > re	126,914.	\$100,000 of		19,9	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu.	er, directo		tru							3	Yes	N ₀
For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors	accrue coi	mpen	sati	on f	rom	any	un	related organization	on or individual	5		Х

year.

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

V 13-7.15

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 (2013) Part VII Section A. Officers, Directors, Tru	iotooo Ko	v Em	nla			and L	امال	haat Campanaat	od Emplo	W000 /o	Page 8
·		y ⊏ii	іріс			and r	ııgı	1			·
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more	n of the structure of the both structure of the structure	an	Reportable compensation from the organization (W-2/1099-MISC)	Reports compensat relate organiza (W-2/1099	able ion from ed ations	Estimated amount of other compensation from the organization and related organizations
37) LISA MORGAN	35.00										
DIR OF MKTG & COMM THRU 10/13	0					Х		113,212.		0	19,291.
38) CAROLYN MESSNER DIR OF EDUC & TRAINING	35.00 0					X		112,743.		0	19,267.
39) DEBORAH WALSH	35.00							,			•
NATL DIR OF SPECIAL EVENTS	0					Х		110,680.		0	19,164.
40) EMILY BRATTEN DIR OF CORP & FDN RELATIONS	35.00					Х		105,153.		0	18,888.
41) ANN NAVARRIA DIRECTOR OF HUMAN RESOURCES	28.00 7.00					Х		84,697.	21	,174.	18,924.
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 11		d al	bove	e) who	re	ceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
organization and related organizations gre	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report c year.											
(A)							Τ	(B)			(C)

(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** (2013)

JSA 3E1055 1.000

Form 990 (2013) CANCER CARE, INC. 13-1825919 Page **9**

Part VIII Statement of Revenue

Par	't VII	Statement of Revenue Check if Schedule O contains a respo	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	89,179.				
Gr	b	Membership dues 1b					
ifts, ir Ai	l	Fundraising events 1c	1,719,288.				
nila Bila	d	Related organizations					
ions	е	Government grants (contributions) 1e					
but	f	All other contributions, gifts, grants,	10 600 053				
n d d O		and similar amounts not included above . 1f	12,608,873.				
a S	g h	Total. Add lines 1a-1f		14,417,340.			
ne	<u> </u>	Totali Add Illioo Ta Ti	Business Code	11,117,310.			
Program Service Revenue	2a						
Re	b						
×ic	c						
Ser	d						
аш	е						
ogr	f	All other program service revenue					
<u>_</u>	g	Total. Add lines 2a-2f	▶	0			
	3	Investment income (including dividends, inter-					
		other similar amounts)		619,535.			619,535.
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties	(ii) Personal	0			
			(11) 1 01001141				
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Net rental income or (loss)		243,398.			243,398.
		(i) Securities	(ii) Other	.,			
	/ a	Gross amount from sales of assets other than inventory 5,702,449.					
	b	Less: cost or other basis					
		and sales expenses 5,356,821.					
	С	Gain or (loss)					
	d	Net gain or (loss)		345,628.			345,628.
ne	8a	Gross income from fundraising					
en		events (not including \$1,719,288.					
ě		of contributions reported on line 1c).					
ř		See Part IV, line 18 a					
Other Revenue		Less: direct expenses					
0		Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	6,215.				
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		5,251.			5,251.
	10a	Gross sales of inventory, less		.,			2,221.
		returns and allowances	847,311.				
	b	Less: cost of goods sold b	569,815.				
		Net income or (loss) from sales of inventory.		277,496.			277,496.
		Miscellaneous Revenue	Business Code				
	11a	HONORARIA AND OTHER	900099	240,575.			240,575.
	b						-
	С						-
	d	All other revenue					
	e	Total Add lines 11a-11d		240,575.			
	12	Total revenue. See instructions		16,149,223.			1,731,883.

Form 990 (2013) 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 response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 •	54,288.	54,288.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3,479,040.	3,479,040.						
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	763,334.	199,644.	110,808.	452,882.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	4,457,879.	3,546,778.	274,369.	636,732.				
	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)	169,241.	127,618.	13,055.	28,568.				
9	Other employee benefits	733,187.	553,605.	42,622.	136,960.				
10	Payroll taxes	360,341.	262,225.	20,419.	77,697.				
11	Fees for services (non-employees):								
	Management	0		1 104	00.640				
	Legal	21,833.		1,184.	20,649.				
	Accounting	79,883.		79,883.					
	I Lobbying	0							
	Professional fundraising services. See Part IV, line 17.	76,426.		76,426.					
	i Investment management fees	70,120.		70,120.					
٤	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,090,416.	629,502.	118,030.	342,884.				
12	Advertising and promotion	30,649.	10,966.	88.	19,595.				
13	Office expenses	1,352,316.	1,048,338.	33,913.	270,065.				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	1,591,441.	1,174,752.	133,120.	283,569.				
17	Travel	132,420.	104,493.	2,071.	25,856.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	858.	543.	151.	164.				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	535,502.	392,069.	46,335.	97,098.				
23	Insurance	90,851.	68,795.	5,124.	16,932.				
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.)								
а	STAFF/VOLUNTEER_TRAINING	128,686.	77,928.	22,801.	27,957.				
	MEMBERSHIPS AND SUBSCRIPTION	27,151.	15,622.	1,361.	10,168.				
C	MISCELLANEOUS EXPENSES	117,975.	86,017.	10,259.	21,699.				
	·								
	All other expenses	15 000 717	11 020 002	000 010	2 460 475				
	Total functional expenses. Add lines 1 through 24e 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	15,293,717.	11,832,223.	992,019.	2,469,475.				
JSA	following SOP 98-2 (ASC 958-720)	0	47,421.		280,339.				

JSA 3E1052 1.000

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X											
		Check ii Ocheddie O contains a response of	11016	to arry fine in this Fa	(A)	· · ·	(B)					
					Beginning of year		End of year					
	1	Cash - non-interest-bearing			1,380,394.	1	2,916,015.					
	2	Savings and temporary cash investments			937,829.	2	943,905.					
	3	Pledges and grants receivable, net			1,874,128.	3	2,120,885.					
	4	Accounts receivable, net	0	4	0							
	5	Loans and other receivables from current and	forme	r officers, directors,								
		trustees, key employees, and highest co										
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0					
	6											
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu										
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			846,606.	9	1,040,334.					
	10 a	Land, buildings, and equipment: cost or										
			10a		0.044.450							
	1	Less: accumulated depreciation			3,366,179.		2,907,537.					
	11	Investments - publicly traded securities			11,236,369.	11	11,317,522.					
	12	Investments - other securities. See Part IV, line 11			1,058,733.	12	1,105,891.					
	13	Investments - program-related. See Part IV, line 11		l=	0	13	0					
	14	Intangible assets	537,916.	14	531,106.							
	15 16	Other assets. See Part IV, line 11			21,238,154.	15 16	22,883,195.					
_	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			1,127,749.	17	937,859.					
	18	Grants payable			1,127,710.		031,035.					
	19	Deferred revenue			126,666.	19	270,743.					
	20	Tax-exempt bond liabilities			0	20	0					
S	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0		0					
Liabilities	22	Loans and other payables to current and for										
abil		trustees, key employees, highest compen										
Ë		disqualified persons. Complete Part II of Schedule			0	22	0					
	23	Secured mortgages and notes payable to unrelate			0	23	0					
	24	Unsecured notes and loans payable to unrelated			0	24	0					
	25	Other liabilities (including federal income tax,										
		parties, and other liabilities not included on lines		· .								
		of Schedule D			1,933,508.	25	2,018,303.					
_	26	Total liabilities. Add lines 17 through 25			3,187,923.	26	3,226,905.					
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ▶ X and								
ŭ	27	Unrestricted net assets			12,796,853.	27	14,275,799.					
3ala	28	Temporarily restricted net assets			5,253,378.	28	5,380,491.					
Þ	29	Permanently restricted net assets			0	29	0					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.										
ŝ	30	Capital stock or trust principal, or current funds			30							
set	31	Paid-in or capital surplus, or land, building, or equ				31						
As	32	Retained earnings, endowment, accumulated inco				32						
Net	33	Total net assets or fund balances	-,		18,050,231.	33	19,656,290.					
_	34	Total liabilities and net assets/fund balances			21,238,154.	34	22,883,195.					
_				-								

	0 (2013)				ıω	ge 12	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 16,149,223					
2	Total expenses (must equal Part IX, column (A), line 25)	2 15,293,717					
3	Revenue less expenses. Subtract line 2 from line 1	3			55,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,0			
5	Net unrealized gains (losses) on investments	5		7	50,5	553.	
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						
_	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
					Yes	No	
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a				
	separate basis, consolidated basis, or both:						
	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	ight					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in				
	Schedule O.						
3a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of tl	ne organization							Emplo	yer iden	tification number
CANC	ER	CARE, INC.								13	-1825919
Part		Reason for Pub	lic Charity Status	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instru	uctions	
The o	rgai	nization is not a priv	ate foundation bed	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	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)						
3	_	· · · · · · · · · · · · · · · · · · ·	•	ervice organization descri			-				
4		A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	I descri	ibed in	sectio	n 170(k	o)(1)(A)(iii). Enter the
	_	hospital's name, cit									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6			-	or governmental unit des							
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
_	_	described in sectio									
8	_			on 170(b)(1)(A)(vi). (Com							
9		-	-	es: (1) more than 331/3 %							
		•		exempt functions - subj							
				ome and unrelated busin				•		n 511	tax) from businesses
	_	-		ne 30, 1975. See section	-						
10	_	•		ted exclusively to test for	•					•	
11 _		-	-	rated exclusively for the			-				•
				ipported organizations de				. , .	,		` ' ' '
		<u> </u>		es the type of supporting	-						•
	\neg	a Type I		c Type III-Function	-	-			,,		unctionally integrated
е		-	-	e organization is not con			-	-	-		
			-	other than one or more p	publici	y supp	ortea o	rganiza	tions a	escribe	d in section 509(a)(1)
		or section 509(a)(2	,		- 100	414 :4	: T		5. mag = 11	T	- III
f		_		n determination from the	e iko	ınaı ıı	is a ry	уре і, і	уре п,	от тур	e iii supporting
-		organization, check		i i i i i i i i i i i i i i i i i i i							
g		=	oob, nas the organ	nization accepted any gift	t or co	ıırıbuli	on from	i any oi	tne		
		following persons?	directly or indirec	the control of their class	or to a		مم طائن	اء مممد		d :~ (::\	and Yes No
				tly controls, either alone							
				the supported organization scribed in (i) above?							11g(ii)
				son described in (i) or (ii) a	hovo2						11g(iii)
h			-	ut the supported organiza							[119(111)]
	i) Nic	ame of supported	(ii) EIN	(iii) Type of organization	T `		(A) Did v	ou notify	640.1	a tha	(vii) Amount of monetary
(1) INC	organization	(11) = 114	(described on lines 1-9	organi	ls the zation in	the orga	anization		s the zation in	support
				above or IRC section (see instructions))	your g	listed in overning	in col. (i) supp	of your	col. (i) o	rganized U.S.?	
				(See man denons)	Yes	ment?	Yes	No	Yes	No	
					1.00						
(A)											
(B)											
(C)											
(D)											
(D)											
/ [`											
(E)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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.)

Sec	tion A. Public Support				•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,106,692.	17,704,553.	14,553,443.	12,674,534.	14,417,340.	75,456,562.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	16,106,692.	17,704,553.	14,553,443.	12,674,534.	14,417,340.	75,456,562.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						5,554,350.
6	Public support. Subtract line 5 from line 4.						69,902,212.
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	16,106,692.	17,704,553.		12,674,534.	14,417,340.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	246,909.	299,405.	14,553,443. 296,961.	340,074.	862,933.	75,456,562. 2,046,282.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	1,013,880.	1,141,919.	1,101,536.	985,071.	1,094,101.	5,336,507.
11	Total support. Add lines 7 through 10					40	82,839,351.
12	Gross receipts from related activities, etc. (s					12	300,975.
13 Sec	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	<u></u>					
14	Public support percentage for 2013 (li	•		11. column (f))		14	84.38%
15	Public support percentage from 2012		•			15	84.82%
16a	331/3% support test - 2013. If the o						e, check
	this box and stop here . The organizati	•					
b	331/3% support test - 2012. If the	organization did	not check a bo	ox on line 13 c	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org	anization qualifi	es as a publicly	supported orga	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 2	2013. If the org	ganization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					•	•
	Part IV how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organizati				_	•	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u></u> ▶⊔_

PAGE 17

Schedule A (Form 990 or 990-EZ) 2013 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 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 tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	<u> </u>					▶ 🔃
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2013 (li			13, column (f))		17	%
18	Investment income percentage from 2012					18	%
19 a	331/3% support tests - 2013. If the org					e than 331/3%,	
	17 is not more than 331/3%, check th	-					. \square
b	331/3% support tests - 2012. If the orga	-	-	•			
	line 18 is not more than 331/3 %, check						
20	Private foundation If the organization						

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page **4**

Part IV Supplemental Information. 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).

SCHEDULE A, PART II - OTHER INCOME										
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL				
MISC REV & INVENTORY SALES	1,013,880.	1,141,919.	1,101,536.	985,071.	1,094,101.	5,336,507.				
TOTALS	1.013.880.	1.141.919	1.101.536	985.071	1.094.101	5.336.507				

Schedule A (Form 990 or 990-EZ) 2013

JSA 3E1225 2.000

PT8733 E299 V 13-7.15 589106 PAGE 19

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors

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

OMB No. 1545-0047

Internal Revenue Service **Employer identification number** Name of the organization CANCER CARE, INC. 13-1825919 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** | X | For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

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

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

Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

			13-1825919
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$994,284.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$850,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$750,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$635,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$617,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$596,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			13-1825919
Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$522,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	*405,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _		\$400,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ <u>11</u> _		\$395,928.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 12 _		\$360,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Employer identification number 13-1825919

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
13		\$344,891.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

Employer identification number

13-1825919

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is ne	eded.
(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
		I	

Employer identification number

-	1	-	0	0		\sim	-	_
- 1	۷.	- 1	8	٠,	h	ч	- 1	ч

Part III	Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.									
	For organizations completing Part III, contributions of \$1,000 or less for the	e year. (Enter this in	formation once. S	charitable, etc., ee instructions.) ►\$						
	Use duplicate copies of Part III if addit	ional space is neede	ed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, ar		Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf								
	Transferee's name, address, ar			nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee						

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAN	CER	CARE,	INC.						13-182591	9	
Par	t I					ed Funds or Other S		or Accou	unts.		
		Compl	ete if the	organization a	nswered "`	Yes" to Form 990, Page 1	art IV, line 6.				
						(a) Donor advi	sed funds		(b) Funds and o	other accounts	3
1	Total	number	r at end of	year							
2	Aggr	egate co	ontribution	s to (during year))						
3	Aggr	egate gr	ants from	(during year)							
4	Aggr	egate va	alue at end	l of year							
5		_				advisors in writing tha					_
			-		-	e organization's exclusi	-			Yes _	No
6		_		_		nd donor advisors in w					
						t of the donor or dono					
		erring im	permissib	le private benefit	<u>?</u>			<u> </u>		Yes L	No
Par						he organization ansv		Form 99	00, Part IV, Iin	ie 7.	
1	Purp				=	organization (check all		()			
	\vdash				e (e.g., recre	eation or education)			historically imp		area
	H			ıral habitat			Preservati	ion of a ce	ertified historic	structure	
_			ation of op	•		ald a music PC and a second					
2				ugn ∠α if the org lay of the tax year		eld a qualified conserv	ation contribution	on in the f	orm or a cons	ervation	
	case	mem on	i tile last u	lay of the tax year	•				Held at the E	End of the Tax	x Year
а	Total	l number	r of consol	rvation easement	e			2a			
b						S		I			
c		_		-		historic structure includ					
d						acquired after 8/17/0		I			
-											
3					_	sferred, released, exti			ov the organiza	tion during th	ne
					,		,		, 0	J	
4					ct to conse	ervation easement is loc	ated ▶				
5						ing the periodic monitor					
	violat	tions, an	d enforce	ment of the cons	servation ea	sements it holds?				Yes _	No
6	Staff	and volu	unteer hou	urs devoted to m	onitoring, in	nspecting, and enforcin	ng conservation	easemer	nts during the y	ear	
7					ring, inspec	cting, and enforcing co	nservation ease	ements du	uring the year		
8						e 2(d) above satisfy th					\neg
_	(i) an	nd sectio	n 170(h)(4)(B)(ii)?						└── Yes └	No
9	in Pa	iri Alli, a	iescribe no	ow the organizati	ion reports	conservation easemer	its in its revenue	e and expe	ense statement		
				iude, if applicable ng for conservat		of the footnote to the o	rganization's fir	nanciai sta	itements that d	escribes the	
Par						of Art, Historical T	easures or O	ther Sim	ilar Assats		
ı aı		Comi	plete if th	ne organization	answered	"Yes" to Form 990,	Part IV. line 8.	the one	iliai Assets.		
 1а	If the								uo statomont	and halance	o shoot
ıu	work	s of art,	, historica	I treasures, or	other simila	FAS 116 (ASC 958), r ar assets held for pul	olic exhibition,	education	n, or research	in furthera	ance of
	publi	c service	e, provide,	in Part XIII, the t	ext of the fo	potnote to its financial	statements that	describes	s these items.		
b						SFAS 116 (ASC 958) ar assets held for pul					
						ing to these items:	one exhibition,	caucation	i, or rescarer	i iii iuitiicic	arice or
	(i) R	Revenues	s included	in Form 990, Pa	art VIII, line 1	1			▶\$_		
	(ii) A	ssets in	cluded in F	Form 990, Part X					▶\$_		
2						rt, historical treasures					
	follov	wing am	ounts requ	uired to be report	ted under S	FAS 116 (ASC 958) re	lating to these i	items:			
а	Reve	enues inc	cluded in F	Form 990, Part V	III, line 1 .				\$ _		
<u>b</u>	Asse	ts includ	led in Forr	n 990, Part X .					<u></u> ▶ \$		

Schedule D (Form 990) 2013

PAGE 26

<u>Schedule D</u> (Form 990) 2013 Page **2**

Par	T Organizations Maintaining Coll	ections of A	rt, His	torical T	reasur	es, (or Oth	er Similar Ass	ets (co	ntınu	ed)
3	Using the organization's acquisition, accellection items (check all that apply):	ession, and other	er reco	rds, check	c any o	f the	follow	ing that are a sig	gnificant	use (of its
а	Public exhibition		d	Loan	or excha	ange	prograr	ns			
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization'	s collections a	nd expl	ain how t	hey fur	ther	the org	janization's exem	pt purpo	se in	Part
	XIII.										
5	During the year, did the organization solicit	or receive don	ations o	of art, histo	orical tr	easur	es, or o	other similar			
	assets to be sold to raise funds rather than	to be maintaine	ed as pa	art of the o	organiza	ation's	s collec	tion?	Yes	,	No
Par	rt IV Escrow and Custodial Arrangen or reported an amount on Form				ization	ansı	vered	"Yes" to Form 9	90, Part	IV, lii	ne 9,
	Is the organization an agent, trustee, custo included on Form 990, Part X? If "Yes," explain the arrangement in Part XI								Yes		No
								Amount			
С	5 5					-					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an amount on								Yes	· _	No
	If "Yes," explain the arrangement in Part XI										
Par	Tt V Endowment Funds. Complete if							· · · · · · · · · · · · · · · · · · ·			la a a la
1.		urrent year	(b) Pri		(c) Two			(d) Three years back			
_			11,33	7,832.	13,6	330,	462.	10,119,991		445	,230.
b		111,886.						1,288,161	•		
C	Net investment earnings, gains, and losses	267 060	1 07	6 657	ļ ,	207	601	2 222 210		062	,929.
٨	Grants or scholarships	367,060.	1,07	6,657.	- 4	407,	601.	2,222,310	•	902	, , , , , , , , , , , , , , , , , , , ,
	Other expenditures for facilities										
C	and programs		2 11	7,636.	2 (105	029.			200	,168.
f	Administrative expenses		2,11	1,030.	۷,۱	, 200	029.			200	, 100.
g		775,799.	10 20	6,853.	11 1	227	832.	13,630,462	1.0	110	,991.
2	Provide the estimated percentage of the cu								. 10,		, , , , , .
2 a	Board designated or quasi-endowment			e (iirie 1g,	Column	(a)) I	ieiu as.				
b	Permanent endowment > %		,								
	Temporarily restricted endowment	%									
C	The percentages in lines 2a, 2b, and 2c sh		0/2								
32	Are there endowment funds not in the pos	•		ation that	are held	d and	l admin	istered for the			
Ju	organization by:		organiz	ation that	aro non	a aric	· aarriii	iotorod for the		Yes	No
	(i) unrelated organizations								3a(i)	res	No
	(ii) related organizations								3a(ii)		X
h	If "Yes" to 3a(ii), are the related organization								3b		X
4	Describe in Part XIII the intended uses of the		•						35		
	rt VI Land, Buildings, and Equipment		0 01100	WITTOTIC TOI	140.						
гаі	Complete if the organization an	swered "Yes"	to Forr	n 990, Pa	art IV, I	ine 1	1a. Se	e Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or othe		(b) Cost o	or other ba ther)	sis		umulated eciation	(d) Book va	alue	
1a	Land	,	,	(0			depit	Joiaton			
b	Buildings										
	Leasehold improvements			3.3	56,65	0.	1 4	31,343.	1.9	25.	307.
d	Equipment				06,51	_		09,522.			995.
	Other				00,31	_		19,024.			235.
	il. Add lines 1a through 1e. (Column (d) mu		90. Part								537.
	(a) ma	39 1 01111 01	- 0, 1 are	,	· (-/,	- , 0	-/-/-			- · / ·	

Schedule D (Form 990) 2013 Page 3

Part VII	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(1) 15 000 B 17 1/B) 5 10 1		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	"Ves" to Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)	(a)	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Fede	ral income taxes		
(2) DEFE	RRED RENT	1,645,	238.
(3) ACCR	UED POSTRETIREMENT BENEFIT	228,	093.
(4) ANNU	ITIES PAYABLE	144,	972.
_(5)			
_(6)			
_(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	2,018,	
2. Liability for	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that reports the

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

JSA 3E1270 1.000 CANCER CARE, INC.

Schedule D (Form 990) 2013 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	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:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	-	
C	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1	
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a 4b	-	
b	`		
	Add lings 13 and 16	4.0	
C 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Part	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information.	5	ine 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	

JSA 3E1271 1.000 Schedule D (Form 990) 2013

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 2014 OR 2013.

Schedule D (Form 990) 2013

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CANCER CARE, INC.				13-1625913	9				
Part I General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on				
1 For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount of	f its grants and other					
assistance, the grantees' eligibili				•					
grants or assistance?					Yes No				
2 For grantmakers. Describe in	Part V the or	ganization's p	rocedures for monitoring	the use of its grants a	and other				
assistance outside the United Sta		ga <u>=</u> a		tile dee et ne grame t					
3 Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional so	pace is needed.)					
(a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total									
(7)	offices in the	employees,	region (by type) (e.g.,	a program service,	expenditures for				
	region	agents, and independent	fundraising, program services, investments,	describe specific type of service(s) in region	and investments in region				
		contractors	grants to recipients						
		in region	located in the region)						
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,105,891.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(0)									
(10)									
(10)									
(11)									
(11)									
(12)									
(12)									
(13)									
(13)									
(14)									
(14)									
(45)									
(15)									
(16)									
(16)					+				
(47)									
(17)									
3a Sub-total					1,105,891.				
b Total from continuation									
sheets to Part I									
c Totals (add lines 3a and 3h)	I	I			1 105 001				

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

Schedule F (Form 990) 2013

CANCER CARE, INC.

Schedule F (Form 990) 2013

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (11) (13) (14) (10) (12) (15) (16) 6 (1) (2) 3 4 (2) 9 5 8

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2013

V 13-7.15

Page 3

CANCER CARE, INC.

Schedule F (Form 990) 2013

Part III

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

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ξ (5) (3) 4 (2) (9) 6 (10) (11) (12) (13) (14) (12) (16) (17) (18) 5 8

V 13-7.15

Schedule F (Form 990) 2013 Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	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 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 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

PAGE 34

CANCER CARE, INC. 13-1825919

Schedule F (Form 990) 2013 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) 2013

3E1502 1.000 PT8733 E299 V 13-7.15 589106 PAGE 35

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
CANCER CARE, INC.					13-1825919)
Part I Fundraising Activities. Co				"Yes" to Form 9	990, Part IV, line	17.
1 Indicate whether the organization ra				activities. Check	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		
d In-person solicitations	9	Opc.	Jiai Tanara	ising events		
2a Did the organization have a written	or oral agraamant w	ith any in	طنا امارات	oluding officers	directore truetoce	
or key employees listed in Form 99						Yes No
b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	dividuals or entities				_	
	0					
		(iii) Did to	alumin on la succ		(v) Amount paid to	640 A
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(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			1. (1' - ''	(.2) (has been selfferd	
3 List all states in which the organize registration or licensing.	ation is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration of licensing.						

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

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule	e G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gro			
		groot rootpie groater than \$6,0	(a) Event #1 HUMAN SERVICES	(b) Event #2 LUNG CANCER	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,125,028.	192,140.	769,590.	2,086,758
ď	2	Less: Contributions	924,391.	186,948.	607,949.	1,719,288
	3	Gross income (line 1 minus line 2)	200,637.	5,192.	161,641.	367,470
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs			44,701.	44,701
t Expenses	7	Food and beverages	157,113.	174.	25,807.	183,094
Direct	8	Entertainment	4,250.		600.	4,850
	9	Other direct expenses	39,274.	5,018.	90,533.	134,825
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d 0 from line 3, column (d)		367,470
Pa	rt l		anization answered "\			rted more
Revenue		, ,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses		Cash prizes				
Expenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	% Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		
	8	Net gaming income summary. Subtra	act line 7 from line 1, co	lumn (d)		
9	Е	nter the state(s) in which the organizat	tion operates gaming ac	ctivities:		
		the organization licensed to operate of "No," explain:	gaming activities in each			Yes No
	_					
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	ended or terminated durir	ng the tax year?	Yes No

CANCER CARE, INC.

Sched	edule G (Form 990 or 990-EZ) 2013		Page 3
11	Does the organization operate gaming activities with nonmembers?	es	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?	es	No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility		%
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		
		es	No
b			_
	amount of gaming revenue retained by the third party ▶ \$		
С			
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
		es 🗌	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	d	

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

2013	Open to Public Inspection

8

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	
Donort of the Tracella	► Attach to Form 990.	Open to Pu
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization	Emplo	Employer identification number
CANCER CARE, INC.		13-1825919
Part General Ir	Part General Information on Grants and Assistance	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and
the selection crite	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part	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.	overnments at received m	and Organiza	tions in the Unit 100. Part II can be	ed States. Comp duplicated if ac	olete if the organiza ditional space is ne	ation answered "Ye	ss" to Form 990,
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	13-5613797	501(€)(3)	. 288				SHARED FUNDRAISER
(2)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or	overnment or	ganizations liste	ganizations listed in the line 1 table				

3 Enter total number of other organizations listed in the line 1 table ... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

589106

Schedule I (Form 990) (2013)

13-1825919

Page 2

Schedule I (Form 990) (2013)

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 TRANSE	TRANSPORTATION, CHILDCARE & GENERAL	14,317.	3,479,040.			
2						
က						
4						
5						
9						
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.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

GRANT ELIGIBILITY RECORDS

SCHEDULE I, PART I, LINE 2

CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM PROVIDES GRANTS TO INDIVIDUALS

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

RECEIVES A FULL PSYCHOSOCIAL ASSESSMENT BY A MASTERS-TRAINED SOCIAL

ELIGIBLE TO PARTICIPATE IN ALL OF CANCER CARE'S FREE WORKER AND IS Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Page 2 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. Part III

	(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
←						
8						
ო						
4						
5						
9						
7						
Part IV	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	s part to prov	vide the informat	ion 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

IN ADDITION TO REGULAR REPORTING REGARDING THE EXPENDITURE OF FUNDS,

PROGRAMMATIC STATISTICS AND A SUMMARY OF ACCOMPLISHMENTS UNTIL THE

EXPENDITURE OF FUNDS OR THE PROJECT IS COMPLETE.

589106

SCHEDULE J (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
CANCER CARE, INC.

Part I Questions Regarding Compensation

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) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Χ 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b Participate in, or receive payment from, an equity-based compensation arrangement? Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: a The organization? Χ 5a Any related organization? Χ If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? Χ Any related organization? Χ If "Yes" to line 6a or 6b, describe in Part III. 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 Χ 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 Χ If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2013

Page 2

13-1825919

Schedule J (Form 990) 2013

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

ındıvıdual.								
		(B) Breakdown of W-2 and	of W-2 and/or 1099-MISC compensation	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	Ξ	171,462.		90,723.	20,975.	13,173.	296,333.	
1 CEO THRU 8/2013	€	9,024.	0	74.	728.	457.	10,283.	0
JOHN RUTIGLIANO	Ξ	168,357.		483.	11,819.	9,541.	190,200.	
2 CHIEF OPERATING OFFICER	€	 	O	207.	5,065.	4,089.	81,514.	0
JAN MCDAVITT	Ξ	188,163.		1,191.	9,468.	13,630.	212,452.	0
3 CHIEF DEVELOPMENT OFFICER	€	 	0	ı	0 1 1 1 1 1 1 1 1	0		0
SUE LEE	Ξ			425.	7,134.	12,949.	162,754.	0
4 DIRECTOR OF DEVELOPMENT, INSTI	€	7,487.		22.	375.	. 283	8,566.	0
	Ξ							
5	(ii)							
	Ξ							
9	€		 		 			
	Ξ							
7	€							
	(E)							
8	(ii)							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	(ii)							
	(E)							
10	Œ							
	Ξ	 	 	 	 	 	 	
11	Œ							
	Ξ							
12	€							
	Ξ							
13	(ii)							
	Ξ							
14	⊞							
	Ξ	 	 	 	 	 	 	
15	Œ)							
	€							
16	(ii)							
							Sche	Schedule J (Form 990) 2013

PT8733 E299

Schedule J (Form 990) 2013

nedule J (Form 990) 2013

Part III 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, PART I, LINE 4A - SEVERANCE PAYMENT

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING FY14:

HELEN MILLER, \$88,269

LISA MORGAN, \$10,385

Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

CANCER CARE, INC.

13-1825919

Par	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							
6	goods							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1.	12,186.	FMV			
10	Securities - Closely held stock			12/1001				
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	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 ►()	by the erac	ni-otion during the toy ye	or for contributions for				
29	Number of Forms 8283 received which the organization completed I				29			
	which the organization completed i	01111 0203,	rait iv, Dollee Ackilowieug	Jenneni			Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1-28, that			
	it must hold for at least three yea							
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a		tance policy that require	s the review of any r	non-standard			
	contributions?			-		31	Х	
32 a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	sell noncash			
	contributions?		•	· ·		32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2013)

CANCER CARE, INC. 13-1825919

Schedule M (Form 990) (2013) 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) (2013)

3E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

CANCER CARE, INC.

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
REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A
CONFLICT OF INTEREST FORM ANNUALLY. ALL CONFLICT OF INTEREST FORMS ARE
REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE ANNUALLY OR UPON THE
ADDITION OF NEW BOARD MEMBERS. 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.

589106

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

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

CORPORATE OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REMOVE THEMSELVES

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.

PT8733 E299

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

DOCUMENTS AVAILABLE TO THE PUBLIC

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
REQUEST TO DONORS AND CORPORATE GRANTORS.

ATTACHMENT 1

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

 DESCRIPTION
 GRANTS
 EXPENSES
 REVENUE

 INFO & PUB (CANCERCARE INFORM TM)
 650.
 1,758,414.

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

Name of the organization	Employer identification number
CANCER CARE, INC.	13-1825919
	ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FRONTLINE MEDICAL COMMUNICATIONS 7 CENTURY DRIVE, SUITE 302 PARSIPPANY, NJ 07054	MEDICAL WRITING	263,716.
PHILIP HOLZER AND ASSOCIATES 350 MICHELE PLACE CARLSTADT, NJ 07072	PRINTING	230,867.
GENESYS CONFERENCING, INC. DEPARTMENT 0938 DENVER, CO 80256	TELECONFERENCING	186,262.
MAGNET DIRECT 45 BRAINTREE HILL OFFICE PARK SUITE 201 BRAINTREE, MA 02184	DIRECT MAIL VENDOR	156,982.
KIRKWOOD DIRECT LLC 90 MAIN STREET WILMINGTON, MA 01887	DIRECT MAIL VENDOR	146,844.

CANCER CARE, INC.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

CANCER CARE, INC.

Related Organizations and Unrelated Partnerships

13-1825919

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. See separate instructions. Attach to Form 990.

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

Open to Public 2013 Inspection

OMB No. 1545-0047

Employer identification number 13-1825919

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b)
Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part I (1) 4 (9) (2) (3) (5)

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led 2
						Yes	8
(1) CANCER CARE CO-PAYMENT ASSISTANCE FND 26-1196709 275 SEVENTH AVENUE NEW YORK, NY 10001	CO-PAY ASSIST	NY	501(C)(3)	11A TYPE I	CANCER CARE	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2013	0) 2013

JSA 3E1307 1.000

Schedule R (Form 990) 2013

13-1825919

Page 2

CANCER CARE, INC

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 Yes No Percentage ownership 3 (h) Percen-tage (j) General or Yes No managing Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, partner? Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate Ŷ allocations? (g) Share of end-of-year assets Type of entity (C cop., S corp., or trust) ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total (d)
Direct controlling
entity income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign (b) Primary activity (d) Direct controlling (c) Legal domicile foreign country) (state or (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization JSA 3E1308 1.000 Part III Part IV Ξ 3 4 (5) 9 Ξ 2 3 4 (5) (2) 9

PAGE 589106 V 13-7.15 PT8733 E299

53

Schedule R (Form 990) 2013

13-1825919

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2013 $\times |\times| \times$ $\times |\times |\times |\times |\times$ $\times |\times| \times$ ŝ Yes × × × If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1b 1g + 1_m 10 1թ 1 19 , 1_n # Ξ = Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s). Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)................. Sharing of paid employees with related organization(s). Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Sale of assets to related organization(s) COST COSI COST Other transfer of cash or property to related organization(s) 305,475 221,670 448,004 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Z 0 \circ Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of related organization Gift, grant, or capital contribution to related organization(s) CANCER CARE CO-PAYMENT ASSISTANCE CANCER CARE CO-PAYMENT ASSISTANCE CANCER CARE CO-PAYMENT ASSISTANCE JSA 3E1309 1.000 ∡ _ E o o _ o Q ပ ത + 64 - -<u>م</u> ه **E** S (2) 3 (4) (2) (9) 7

589106 V 13-7.15 PT8733 E299 Page 4

Schedule R (Form 990) 2013

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. Part VI

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	_	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	atio a		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(1)			section 512-514)	Yes			Yes	<u>0</u>		Yes	° Z	
(2)												
<u></u>												
<u></u>												
<u></u>												
(9)												
(7)												
(8)												
(6)												
(10)												
(11)												
(1 <u>2</u>)												
(13)												
(14)												
(15)												
(16)												
JSA 3E1310 1.000									Sche	edule F	R (Form	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 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) 2013

3E1510 1.000 PT8733 E299