



	artment	90 of the Trea: enue Servic	sury	Under secti ►	on 501(c), Do not ente	527, or 4947(a) er Social Secu)(1) of rity nu	the Internal Rev umbers on this for nd its instructions	enue rm as	e Code (excep s it may be ma	ot private de publi	e foundat c.	tions)	2(Open	. 1545-0047 17 to Public ection
AF	or th			r year, or ta				07/01, 2017		nd ending			06/	/30, 20 1	.8
R o			Name of	organization CA	ANCER C	ARE CO-PA	YMEN	NT ASSISTAN	CE		D Em	ployer ide	entifica	ation numbe	r
Б С	heck if a	Ĺ	FOUNI	DATION, IN	IC.										
	Addr		Doing Business As										5709		
	Name	e change	Number	and street (or P	P.O. box if mai	is not delivered t	o street	t address)	Roc	om/suite		ephone nu			
	Initia	l return		SEVENTH A							(86)	5) 552	2-6'	729	
		inated		· ·	,	y, and ZIP or fore	eign pos	stal code							
	Amer	n 📘		ORK, NY								oss receipt			17,895.
	pend	ing											ıp returr ?		es X No
								YORK, NY 10				re all subordi			es No
<u> </u>		empt stat			501(c)		sert no.	.) 4947(a)(1)	or	527	-			(see instruction	is)
				NCERCAREC						•		roup exemp			
1		of organiz		Corporation	Trust	Association	0	other 🕨		L Year of form	ation: 20	M	State of	of legal domi	cile: NY
P	art I		mary										000.11		T O
	1							ctivities: <u>THE</u> F DUALS WITH							
nce								MORE INFORM							
Governance	2														
No.	2				0		•	erations or dispos 1a)					s. 3		3.
	4							/ (Part VI, line 1b)					4		3.
Activities &	5							art V, line 2a)					5		14.
livit	6			volunteers (es									6		3.
Ac	-							e 12					7a		0
								4					7b		7,117
						,						Year		Currer	t Year
-	8	Contrib	utions and	grants (Part	VIII, line 1h)						23,9	87,45	6.	38,5	500,450
nue	9	Program	n service	revenue (Part	VIII, line 2g)			COF PUBLIC I	PY FO	OR			0.		0
Revenue	10	Investm	nent incon	ne (Part VIII, o	column (A),	lines 3, 4, and 7	7d)	PUBLIC I	NSP	ECTION	-2	20,96	0.		816,751
œ	11	Other r	evenue (F	Part VIII, colur	mn (A), lines	5, 6d, 8c, 9c, 1	10c, ar	nd 11e)				49	9.		694
	12	Total re	evenue - a	dd lines 8 thr	ough 11 (m	ust equal Part \	/III, co	lumn (A), line 12)			23,7	66,99	5.	38,8	817,895
	13	Grants	and simila	ar amounts pa	id (Part IX, o	olumn (A), line	s 1-3)				23,4	41,63	1.	37,6	572,129
	14	Benefit	s paid to o	or for member	s (Part IX, c	olumn (A), line	4)						0.		0
es	15							nn (A), lines 5-10)			1,6	61,84		1,6	549,730
Expenses	16a					mn (A), line 11e	e) <u> </u>						0.		0
БХр	b					n (D), line 25)		34,376				60 15	_		<u> </u>
_	17											60,15			52,216
	18							(), line 25)				63,62 96,63			74,075 56,180
	19	Revenue less expenses. Subtract line 18 from line 12												-	
Net Assets or Fund Balances	20	Total c	note (De-	V line (C)							-	Current Y		End of	513,544
Asse Bala	20											24,64			326,455
und /	22											43,26			587,089
	rt II		nature B									10,20		2070	
_		•			ave examined	this return. inclu	udina a	accompanying sched	lules	and statements.	and to the	ne best of	mv ki	nowledge an	d belief. it is
true	e, corre	ect, and co	omplete. De	eclaration of pre	eparer (other t	han officer) is bas	sed on	accompanying sched all information of wh	nich p	reparer has any	knowledg	e.	,		,
Sign Here		▶ इ	ignature of	officer								Date			
		J	OHN RU	TIGLIANO)			CFO							
		Type or print name and title													
		Print/Ty	ype prepare	er's name		Preparer's si	gnature	e c l l	//	Date	CI	neck	if P	TIN	
Paic		MARY	-EVELY	'N ANTON	ETTI	1/aur C	uls	Artat	the	5/14/20		elf-employe		P004318	62
	parer	Firm's name KPMG LLP									Firm's EIN ▶ 13-5565207				
USe	Only	Firm's address ► 345 PARK AVENUE NEW YORK, NY 10154-0102											212-	-758-97	00
Мау	/ the I					own above? (se		(untiona)						X Yes	No
For	Pape	rwork R	eduction	Act Notice, s	ee the sepa	rate instruction	ns.								990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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

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

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

				Enter filer's identifyin	ıg nu	mber, s	see instructions
	Name of exempt organization or other filer, see in		Empl	oyer identification nu	ımbe	er (EIN)	or
Type or							
print	FOUNDATION, INC.	26-119670	709				
File by the due date for due da							
filing your	275 SEVENTH AVENUE						
return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
	NEW YORK, NY 10001						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for eac	h return)	•••		01
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 oi	Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-Bl	_	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than indi	vidual)			09
Form 990-Pl	=	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							11
Form 990-T (trust other than above) 06 Form 8870							12
	JOHN RUTIGLIANO						
 The book 	s are in the care of \blacktriangleright 275 SEVENTH AVE	NUE NEW	YORK NY 10001				
	e No. ▶ _212_712-6151		Fax No. 🕨		·		
	anization does not have an office or place of						▶∟
	or a Group Return, enter the organization's fo					_	this is
	e group, check this box		art of the group, check this bo	×		and a	ttach
	e names and EINs of all members the extens		05/15 0010				
	st an automatic 6-month extension of time u			to file the exempt	org	janiza	tion return
for the	organization named above. The extension is	for the org	anization's return for:				
	calendar year 20 or tax year beginning 07/0)1 00 1	7	06/20	~~	10	
	tax year beginning	, 20 _	/, and ending	06/30_,	20_	18	
	av year antored in line 4 is far less than 40 m	antha aha			~		
	ax year entered in line 1 is for less than 12 m	ionins, cheo	k reason: Initial return	Final return	a		
	hange in accounting period application is for Forms 990-BL, 990-PF, 9	00-T 1720) or 6069 enter the tents	tive tax less anv			
	undable credits. See instructions.	30-1, 4720	, or ooos, enter the tenta		3a	¢	0.
	application is for Forms 990-PF, 990-T,	4720 0	6069 enter any refund	able credits and	Ja	φ	
	ted tax payments made. Include any prior yea		· · · · ·		3b	¢	0.
	e due. Subtract line 3b from line 3a. Include			d. by using FETPS		Ψ	
	onic Federal Tax Payment System). See instru			., ., .,	3c	\$	0.
	u are going to make an electronic funds withdrawa		it) with this Form 8868, see For	m 8453-EO and Form			
instructions.							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

services?	Foi	n 990 (2017) Page 2
1 Brief Wesche the organizations mission: THE CANCER CARE CO-PAVIENT ASSISTANCE FOUNDATION'S (THE 'FOUNDATION') PRIMARY ACTIVITY IS TO FROUTURE FINANCIAL ASSISTANCE TO INDIVIDUALS THE CANCER. FOR MORE INFORMATION, SEE SCHEDULE 0. THE CANCER. THE SCHEDULE 0. THE CANCER. THE SCHEDULE 0. THE CANCER. SCHEDULE 0. THE CANCER. THE SCHEDULE CONTRACT ASSISTANCE TO INSURE ACCEPTION MEDICATIONS FOR THE SCHEDULE OF THE SCHEDULE CANCER. THE THE FORM OF SCHEDULE ASSISTANCE TO INSURE ACCEPTION MEDICATIONS FOR THE SCHEDULE CANCER. THE THE FORM OF SCHEDULE CANCER TO INSURE ACCEPTION MEDICATIONS FOR THE SCHEDULE ASSISTANCE TO INSURE ACCEPTION MEDICATIONS FOR THE SCHEDULE CANCER. THE THE FORM OF SCHEDULE ASSISTANCE TO INSURE ACCEPTION MEDICATIONS FOR THE SCHEDULE ASSISTANCE OR OTHER DIRECT PERIOD MEDICATIONS FOR TO INSURE ACCEPTION MEDICATIONS FOR TO INSURE ACCEPTION MEDICATION ASSISTANCE OR OTHER DIRECT FINANCIAL ASSISTANCE NO REDUCE TO INSURE ACCEPTION AND PRESCRIPTED THE SCHEDULE CANCER CARE TO INSURE ACCEPTION AND SUPPORTING MEDICATIONS FOR THE SUPPORTING MEDICATIONS FOR TO INSURE ACCEPTION AND SUPPORTING MEDICATIONS FOR MEDICATIONS FOR THE SUPPORTING ASSISTANCE AND SUPPORTING ASSISTANCE AND SUPPORTING ASSISTANCE AND SUPPORTING ASSISTANCE AND SUPPORTING ASSI	Ρ	
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PERMARY ACTIVITY IS TO PROVIDE FINANCLAL ASSISTANCE TO INDIVIDUALS WITH CANCER. FOR WORE INFORMATION, SEE SCHEDULE O. 2 Did the organization underake any significant program services during the year which were not listed on the program services conducting, on make significant changes in how it conducts, any program services on Schedule O. 3 Did the organization case conducting, on make significant changes in how it conducts, any program services to make significant changes in how it conducts, any program services to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for each program service reported. 4a (Code:) (Expenses 5 10, 07, 1115. including grants of \$ 10, 207, 2125.) (Revenue \$) THS FOUNDATION ASSISTANCE - PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS WITH CANCER IN THE FORM OF COPAYMENT ASSISTANCE TO INDIVIDUALS WITH CANCER IN THE FORM OF COPAYMENT ASSISTANCE TO ENSURE ACCESS TO CARE. TREATMENT AND DEPORTING MEDICATIONS. 44 (Code:) (Expenses \$ 200, 200, 200, 200, 200, 200, 200, 20	1	
NTTH CANCER. FOR MORE INFORMATION, SEE SCHEDULE 0. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-675. Yes X No 11 'Yes, 'describe these new services on Schedule 0. 0 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No 11 'Yes, 'describe these changes on Schedule 0. 0 Yes X No Yes X No 11 'Yes, 'describe these changes on Schedule 0. 0 Yes X No Yes X No 11 'Yes, 'describe these changes on Schedule 0. 0 Yes X No Yes X No 11 'Yes, 'describe these changes on Schedule 0. 0 0 Yes X No Yes X No 11 'Yes, 'describe these changes on Schedule 0. 0 0 Yes X No Yes X No 12 October on caparization set organization classificant program services are required to report the amount of grants and allocations to others, the total tappendes, and revenue 1 and sectors of the sector PROF PROF PROF PROF PROF PROF PROF PROF		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27		
prior Form 990 or 990-627,		WITH CANCER. FOR MORE INFORMATION, SEE SCHEDULE O.
prior Form 990 or 990-627,		
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JSA 7E1020 1.000 Form 990 (2017)	40	
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	90 (2017)		F	Page 3
Part	V 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,"		X	
2	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	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? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
C	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
-	Part III.	5		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		120		Х
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
U		126	x	
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .		21	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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?			
	If "Yes," complete Schedule G, Part III	19		Х

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
		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?	254		х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		
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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV.	28b		Х
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		Х
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		Х
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,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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			х
	19? Note. All Form 990 filers are required to complete Schedule O.	38		Δ

Form **990** (2017)

Page 5

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Par				
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response of note to any line in this Part V	<u></u>		No
b Enter the number of Forms W-2G included in line ta Enter 0- if not applicable. D D O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1d X 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 1d X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X X 3a Dif the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 4a At any time during the calendar year andift the organization have an interest in, or a signature or other authority over, a financial accounts for Fin2CPN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction at tax during the tax year? 5a 5a Does the organization include with every solicitation an apress statement that such contributions or glits were not tax dedurible contributions and parety tax a presonal properly	1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax [2a] 14 14 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax [2a] 14 14 31 Bit the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 14 32 Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 3a b If "Yes," has it fied a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b 3a b If "Yes," ansi the da Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b 4a b If "Yes," and it the organization have annual gross in sa party to a prohibited tax shalter transaction at any time during the tax year? 5a 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization notify the organization near explanation are provide an express statement that such contributions of the organization notify the organization near schedul tare normally greater than \$100,000, and did the organization notify the organization near schedul tare normally greater than \$100,000, and did the organization notify the down of the value of the goods or services provided? 7a 7 Organizations extra more schedul tare aro					
reportable gaming (gambling) winnings to prize winners? ic ic ic 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. it it 23 Enter the sum of lines 1 and 2a is greater than 250, you may be required to te-file (see instructions). it it 34 Did the organization have unrelated business gross income of \$1,000 or more during the yea?. it it 35 Did the organization have unrelated business gross income of \$1,000 or more during the yea?. it it 36 Did the organization have unrelated business gross income of \$1,000 or more during the yea?. it it 37 Did the organization have unrelated business gross income of \$1,000 or more during the yea?. it it 38 Did the organization tai foreign country (such as a bank account, securities account, or other inancial accounts (FBAR). it it 36 Was the organization solid the organization that it was or is a party to a prohibited tax shelter transaction? it it 48 it it it it it it 59 Was the organization that it was or is a party to a prohibited tax shelter transaction? it it it 50 Did any taxable party					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which 13a	11				
against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which 13a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			40-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 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			12a		
a Is the organization licensed to issue qualified health plans in more than one state?13aNote. See the instructions for additional information the organization must report on Schedule O.1b Enter the amount of reserves the organization is required to maintain by the states in which1					
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	-		122		
b Enter the amount of reserves the organization is required to maintain by the states in which	а		ija		
	h				
The organization is licensed to issue qualitied health plans 11.50	a	the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	r				
			14a		х
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> 0 14b					

Form	000	(2017)
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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

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 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	3		
L	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b	3		
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	х	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	21	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	
6	Did the organization have members or stockholders?	0	21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	Х	
_	one or more members of the governing body?	7a	21	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	Х	
-	stockholders, or persons other than the governing body?	7b	21	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
0000		Couc	.) Yes	No
10-	Did the exercise tion have least charters branches as efficience?	10a		x
	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
14	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			L
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , NJ , NY ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	-)(2)-	only
10	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	57(3)5	ony)

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► JOHN RUTIGLIANO 275 SEVENTH AVENUE NEW YORK, NY 10001

Page I

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 hours for related organizations below dotted line)	box, office or dii	unle	Pos heck ss pe	erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)TIMOTHY M DWYER	1.00									
PRESIDENT AND TRUSTEE	5.00	Х						0.	0.	0.
(2)MARGARET R DIAZ-CRUZ, LMSW	1.00									
SECRETARY AND TRUSTEE	2.00	Х						0.	0.	0.
(3) PAUL M FRIEDMAN	1.00									
TREASURER AND TRUSTEE	2.00	Х						0.	0.	0.
(4)PATRICIA GOLDSMITH	5.25									
CHIEF EXECUTIVE OFFICER	29.75				Х			0.	306,345.	59,504.
(5)JOHN RUTIGLIANO	10.50									
CHIEF FINANCIAL OFFICER	24.50				Х			0.	243,706.	52,468.
(6)CHRISTINE VERINI	14.00									
CHIEF OF BUS. DEV.(END-3/2018)	21.00				Х			241,726.	Ο.	32,486.
(7)MICHELE MCCOURT	35.00									
CO-PAY DIRECTOR	0.				Х			152,841.	Ο.	52,243.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

CANCER CARE CO-PAYMENT ASSISTANCE

Page	8
i aye	v

Part VII Section A. Officers, Directors, Tru		y ⊵m	рю			and r	ilgi	-		/ees (co	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe d a d	ition more rson	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	from amount other		of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	om the anizatio d relate anizatio	on ed
													-
b Sub-total							►	394,567.	550,	,051.	1	96,	701
c Total from continuation sheets to Part VII, S	-							0.		0.	1		0
 d Total (add lines 1b and 1c)	limited to t	hose l					► p re	394,567. ceived more than		,051. of		96,	101
		2	5									Yes	No
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul											3		X
 For any individual listed on line 1a, is the sorganization and related organizations groups 	sum of rep	ortab	le c	com	pen	satio	n ar	nd other compens	sation from	the	5		
individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report or year. 													
(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) ompens	ation	
ATTACHMENT 1													
							-						
							-						

Form	990 (2	CANCER CARE C	CO-PAYMENT	ASSISTANCE		26-11967	709 Page 9
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any	line in this Part V	/111		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Sran	b	Membership dues 1b					
a, C	с	Fundraising events 1c					
Gifi	d	Related organizations					
ns, Simi	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
Į Į		and similar amounts not included above . 1f	38,500,450.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	►	38,500,450.			
anı		В	usiness Code				
evel	2a						
e R	b						
<u>vic</u>	с						
Sei	d						
am	е						
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u> ►</u>	0.			
	3	Investment income (including dividends,	interest,				
		and other similar amounts)	▶∟	316,751.			316,751.
	4	Income from investment of tax-exempt bond pro	oceeds . 🕨 🔄	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	_d	Net rental income or (loss)	(ii) Other	0.			
	7a						
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	ک اہ	Gain or (loss)		0.			
	d			0.			
anı	8a	Gross income from fundraising					
sver		events (not including \$					
r R		of contributions reported on line 1c). See Part IV, line 18					
Other Revenue	b	Less: direct expenses					
0	c	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b		0.			
	C	Net income or (loss) from gaming activities	🕨	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
			usiness Code	0.			
	11a	OTHER INCOME		694.			694.
	11a b						
	с С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	►	694.			
	12	Total revenue. See instructions.		38,817,895.			317,445.

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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 (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 271,602 271,602 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 37,400,527 37,400,527. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 411,801. 411,801. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 919,539 832,344 67,328 19,867. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 33,723 31,844 951 928. section 401(k) and 403(b) employer contributions) 226,306 218,448 3,978 3,880. 9 Other employee benefits 58,361. 54,426. 2,045 1,890. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 25,447. 25,447. **b** Legal 57,959 57,959. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 605,668 592,744 9,163 3,761. (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 183,334. 180,690. 1,338 1,306. 13 Office expenses 0 14 Information technology 0 15 Royalties 128,365. 123,716. 2,415 2,234. Occupancy 16 209 42,524. 42,309. 6. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 174 169. 3. 2. Interest 20 0 21 Payments to affiliates 245 245 22 Depreciation, depletion, and amortization 20,258. 19,513. 377. 368. Insurance 23 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.) aSOCIAL SERVICE CHARGE 84,667. 84,430. 125. 112. **b**STAFF/VOLUNTEER TRAINING 2,622 2,578 22. 22. cMEMBERSHIPS AND SUBSCRIPTION 953 953. d e All other expenses 40,474,075 40,351,745 87,954 34,376. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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following SOP 98-2 (ASC 958-720)

0

if

	990 (2 t X	Balance Sheet			Page 1 '
		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. 270,299.		192,563
	2	Savings and temporary cash investments	. 22,961,196.		34,102,707
	3	Pledges and grants receivable, net	3,150,000.	3	172,202
		Accounts receivable, net		4	C
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sectio	0.	5	C
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar	s y		
0		organizations (see instructions). Complete Part II of Schedule L		v	0
Assels		Notes and loans receivable, net			0
AS	8	Inventories for sale or use			(
	9	Prepaid expenses and deferred charges	1,386,174.	9	1,046,072
1	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 18, 415			
		Less: accumulated depreciation			0
	11	Investments - publicly traded securities			0
	12	Investments - other securities. See Part IV, line 11			(
	13	Investments - program-related. See Part IV, line 11		10	(
	14	Intangible assets		17	0
	15	Other assets. See Part IV, line 11	. 0.		
_	16	Total assets. Add lines 1 through 15 (must equal line 34)			35,513,544
1	17	Accounts payable and accrued expenses			1,044,639
	18	Grants payable			23,498,429
	19	Deferred revenue		10	(
	20	Tax-exempt bond liabilities	. 0.	~~	(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	l
2 2	22	Loans and other payables to current and former officers, directors			
		trustees, key employees, highest compensated employees, an			
		disqualified persons. Complete Part II of Schedule L	0.		(
4		Secured mortgages and notes payable to unrelated third parties			(
	24	Unsecured notes and loans payable to unrelated third parties		24	C
2	25	Other liabilities (including federal income tax, payables to related thir			
		parties, and other liabilities not included on lines 17-24). Complete Part 2			202 207
		of Schedule D	452,323.		283,387
- 2	26	Total liabilities. Add lines 17 through 25.		26	24,826,455
2		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X an complete lines 27 through 29, and lines 33 and 34.	d		
	27	Unrestricted net assets	1,426,211.	27	2,443,751
		Temporarily restricted net assets		28	8,243,338
	29	Permanently restricted net assets		-	
Net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
ž 3	32	Retained earnings, endowment, accumulated income, or other funds	•	32	
Jac I		Total net assets or fund balances	12,343,269.	33	10,687,089
- 1 -	34	Total liabilities and net assets/fund balances	27,767,914.	34	35,513,544

	CANCER	CARE	CO-PAYMENT	ASSISTANCE
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Form 9	90 (2017)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	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		38,8	17,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	10,4	74,0)75.
3	Revenue less expenses. Subtract line 2 from line 1	3			56,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	12,3	43,2	269.
5	Net unrealized gains (losses) on investments	5				0.
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))	10	1	LО,б	87,0)89.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
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," e	xplain	nin			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	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 audi					
	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 a	oversi	iaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in 🗍			
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			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.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection			
Name	e of the organization	CANCER CA	ARE CO-PAYMEN	T ASSISTANCE			Employer identifi	cation number
FOU	UNDATION, INC.						26-11967	
Pa				-			art.) See instructions	
The	<u> </u>	•		is: (For lines 1 through		2	,	
1				tion of churches desc				
2				. (Attach Schedule E	-			
3	· ·		•	rganization described		• • •		
4		•	•	conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	'	ne, city, and s						
5		-		a college or universit	ty owned	d or ope	erated by a governme	ntal unit described in
_			Complete Part II.)					
6				rnmental unit describe				
7					ipport fro	om a go	vernmental unit or fro	om the general public
-			(1)(A)(vi). (Compl					
8				b)(1)(A)(vi). (Complete	-			
9			-			-	I in conjunction with a	
		or a non-land-	grant college of ag	griculture (see instruct	lions). Ei	nter the	name, city, and state of	the college or
10	university:	on that norma	lly rocoives: (1) m	ore than 231/2% of its	eupoort	from co	ntributions, membersh	oin foos, and gross
10	receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	unctions - subject to nrelated business tax	certain e able inco	xception	is, and (2) no more tha s section 511 tax) from	n 331/3 %of its
11				975. See section 509 usively to test for publi				
12	·	•		•				arry out the purposes
12		-	-				r section 509(a)(2). S	
а		heck the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 1 Type I . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						
a			-		-		f the directors or truste	
				e Part IV, Sections A		ajonty of		
b		-				with its	supported organization	on(s) by having
		••• •• •	-				is that control or man	
				, Sections A and C.				5
с	-		-		ated in co	onnectio	n with, and functional	ly integrated with,
		-		ns). You must comple				, , , , , , , , , , , , , , , , , , , ,
d		-					ection with its suppor	ted organization(s)
	that is not f	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	an attentiveness
	requiremen	t (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	X Check this	box if the orga	anization received	a written determinatio	on from t	he IRS t	hat it is a Type I, Type I	I, Type III
				ionally integrated sup		organizat	tion.	
f			•			• • • • •		1
g		-		orted organization(s).	1			
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)	CANCER CARE		13-1825919	7	x		271,602.	0.
(B)								
(C)								
(D)								
(E)								
Tota	al						081 600	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1210 1.000 271,602.

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
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).						
$\frac{6}{800}$	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(a) 2013	(b) 2014	(0) 2013	(0) 2010	(e) 2017	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2017 (li		· ·			14	%
15	Public support percentage from 2016					15	%
16a	331/3% support test - 2017. If the or	-					
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org						
47.	this box and stop here. The organizati	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		
h	organization						
a	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organizati						-
	Explain in Part VI how the organization				-		
18	supported organization Private foundation. If the organization						
10	instructions						
							<u>···</u>

Schedule A (Form 990 or 990-EZ) 2017

Sc P

	CANCEF	R CARE CO-F	AYMENT ASS	ISTANCE		26-1196	709
Sche	dule A (Form 990 or 990-EZ) 2017						Page 3
Pa	rt III Support Schedule for Organ (Complete only if you check If the organization fails to qua	ed the box on	line 10 of Pa	rt I or if the org			der Part II.
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						

8 Public support. (Subtract line 7c from

Sec	LION B. TOLAI SUPPOR		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10 a	Amounts from line 6 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectior	n 501(c)(3)
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2016 Schee	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2017 (lin	ie 10c, column (f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2016 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	anization did no	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and sto	here. The orga	anization qualifie	s as a publicly	supported organ	ization . 🕨 📃
b	331/3% support tests - 2016. If the organ	nization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and st	t op here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see instr	uctions 🕨 📃
JSA 7E122	1 1 000				5	Schedule A (Form 9	990 or 990-EZ) 2017

Yes No

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4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-E2) 2017 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 111 Section B. Type I Supporting Organizations 111 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees during the tax year. 1 2 2 2 3 4 4 4 5 4 4 5 4 4 5 4 4 4 5 4 4 4 4 4 4 4 4 5 6 6 7		Page 5
 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1111 Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI who we have proved in and/or remove directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization (s) that operated, supervised, or controlled the organization operate for the benefit of any supported organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supporting organizations? 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or management of the supporting organization was vested in the same persons that controlled or managed the supported organization. 		
 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supported organization operated or controlled the supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 		
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c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 110 Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization) 2 Section C. Type II Supporting Organizations 2 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	-	X
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 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization. Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 		
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describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
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Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		x
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or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Section D. All Type III Supporting Organizations	Vaa	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2		
 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> 		
Section E. Type III Functionally Integrated Supporting Organizations		
 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction a The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 	,	
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr		
2 Activities Test. Answer (a) and (b) below.	res	No
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 		
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 		
 Barent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 		
 b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b 		

3b Schedule A (Form 990 or 990-EZ) 2017

CANCER CARE CO-PAYMENT ASSISTANCE Schedule A (Form 990 or 990-EZ) 2017		20	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g trust or	n Nov. 20, 1970 (expla	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2017

2375926

Part		Supporting Organizat	tions (continued)	Γ
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION, INC.

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

CANCER CARE CO-PAYMENT ASSISTANC

26-1196709

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Name of organization CANCER CARE CO-PAYMENT ASSISTANCE FOUNDATION, INC.

Employer identification number 26-1196709

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$9,480,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$5,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CANCER CARE CO-PAYMENT ASSISTANCE FOUNDATION, INC.

Employer identification number 26-1196709

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$2,860,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$458,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	(Form 990, 990-EZ, or 990-PF) (2017)		Pa	
ame of or	ganization CANCER CARE CO-PAYMENT ASSISTANCE FOUNDATION, INC.		dentification number 196709	
Part II	Noncash Property (see instructions). Use duplicate copies of			
(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	
		_		
		\$		
			1	

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4						
Name of or	rganization CANCER CARE CO-PAYMENT	ASSISTANCE		Employer identification number						
Dort III	FOUNDATION, INC.	contributions to a	reconizationa dea	26-1196709						
Part III		the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once. S	Complete columns (a) through (e) and l of <i>exclusively</i> religious, charitable, etc.,						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship 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	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee						
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)						

SCHEDULE	D
(Form 990)	

Department of the Treasury

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2 **Open to Public** Inspection

OMB No. 1545-0047

	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest inform	nation. Inspection
Nam	e of the organization	CANCER CARE CO-PAYMENT	ASSISTANCE	Employer identification number
FOU	UNDATION, INC.			26-1196709
Pa	art I Organiza	ations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts.
	Complet	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	end of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		at end of year		
5		-	advisors in writing that the assets held	in donor advised
Ũ	•		organization's exclusive legal control?	
6	-		and donor advisors in writing that grant fu	· · · · · · · · · · · · · · · · · · ·
Ū	-	_	fit of the donor or donor advisor, or for a	
	-			
Pa		ation Easements.		
1 6			"Yes" on Form 990, Part IV, line 7.	
1		nservation easements held by the		
•		on of land for public use (e.g., reci		of a historically important land area
		of natural habitat		of a certified historic structure
		on of open space		
2			eld a qualified conservation contribution in	the form of a conservation
2	-	last day of the tax year.		Held at the End of the Tax Year
•				2a
a ⊾				2b
b			biotorio etructure included in (e)	20 20
C			historic structure included in (a)	20
d			acquired after 7/25/06, and not on a	24
2		-		2d
3		ervation easements modified, tran	sferred, released, extinguished, or termin	ated by the organization during the
	tax year ►		mustice and end in language N	
4		where property subject to conse		
5	-		parding the periodic monitoring, inspecti	-
			sements it holds?	
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
_	•			
7	Amount of expension	ses incurred in monitoring, inspect	ting, handling of violations, and enforcing co	onservation easements during the year
	▶\$			
8			2(d) above satisfy the requirements of section	
	and section 170(h	n)(4)(B)(ii)?		
9		5	conservation easements in its revenue and	•
		· · · · · · · · · · · · · · · · · · ·	of the footnote to the organization's financia	al statements that describes the
D		counting for conservation easeme		Cimilar Acasta
Pa			of Art, Historical Treasures, or Other "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1a	If the organizatio	n elected, as permitted under SF	FAS 116 (ASC 958), not to report in its r ar assets held for public exhibition, educ potnote to its financial statements that des	evenue statement and balance sheet
	public service, pro	ovide, in Part XIII, the text of the fo	potnote to its financial statements that des	cribes these items.
b			SFAS 116 (ASC 958), to report in its re	
			ar assets held for public exhibition, educ	
		ovide the following amounts relati	•	
2			rt, historical treasures, or other similar a	
			FAS 116 (ASC 958) relating to these items	
а	Revenue included	d on Form 990, Part VIII, line 1		
b	Assets included in	n Form 990, Part X		▶\$
For	Paperwork Reductio	n Act Notice, see the Instructions for	[.] Form 990.	Schedule D (Form 990) 2017

JSA

7E1268 2.000 34772U 2231

CANCER CARE CO-PAYMENT ASSISTANCE

26-1196709

Schee	dule D (Form 990) 2017									Pa	ige 2
	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Oth	ner Similar	Asset	s (conti		
3	Using the organization's acquisition,	, accession, and o	other recor	ds, check	any of th	e follow	ving that are	a sign	ificant us	se of	its
	collection items (check all that apply)	:		_							
а	Public exhibition		d		or exchange						
b	Scholarly research		e	Other							
С	Preservation for future generat										
4	Provide a description of the organiz	ation's collections	s and expla	ain how t	hey furthe	r the org	ganization's	exempt	purpose	in F	Part
	XIII.										
5	During the year, did the organization							_	٦.,		
Des	assets to be sold to raise funds rather		ained as pa	rt of the c	organizatio	n's collec	ction?		Yes		No
Par	t IV Escrow and Custodial Arra Complete if the organizatio		s" on Forn	000 P	art IV/ ling	Q or ro	norted an a	mount	on Forn	n	
	990, Part X, line 21.		5 011 011	1 3 3 0, 1 2	art iv, iire	3, 0116	poneu an a	mount			
1a	Is the organization an agent, trustee,	custodian or othe	er intermed	iary for co	ontribution	s or othe	r assets not				
iu	included on Form 990, Part X?			-					Yes		No
b	If "Yes," explain the arrangement in F										
				0			Am	ount			
с	Beginning balance				1c						
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amou					ustodial	account liabil	ity?	Yes		No
b	If "Yes," explain the arrangement in I	Part XIII. Check h	ere if the ex	planation	has been p	provided	on Part XIII				
Par	t V Endowment Funds.										
	Complete if the organization	n answered "Yes	1		art IV, line	10.	1				
		(a) Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three year	rs back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of			e (line 1g,	column (a)) held as	:				
a L	Board designated or quasi-endowmen		_%								
b	Permanent endowment Temporarily restricted endowment										
С	The percentages on lines 2a, 2b, and		1000/								
30	Are there endowment funds not in the			tion that	aro hold ar	nd admir	vistored for th	0			
Ja	organization by:		le organize	thor that a				C	Y	es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related								3b		
4	Describe in Part XIII the intended use	•	•								
-	t VI Land, Buildings, and Equip	ment.									
	Complete if the organization	on answered "Ye									
	Description of property	(a) Cost or (invest	other basis tment)		r other basis her)		cumulated eciation	(d) Book value	e	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				18,415.		18,415.				
e	Other										
Tota	I. Add lines 1a through 1e. (Column (d	d) must equal Forr	n 990, Part	X, columr	n (B), line 1	0c.)	▶				

Schedule D (Form 990) 2017

chedule D (Form 990) 2017	CO-PAYMENT ASSIS	IANCE	26-1196709 Pag
art VII	Investments - Other Securities.			
	Complete if the organization answe	red "Yes" on Form 99	0, 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 Cost or end-of-yea	
Financ	ial derivatives			
	y-held equity interests			
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
tal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII				
	Complete if the organization answe	ered "Yes" on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answe	ered "Yes" on Form 99	0, Part IV, line 11d. See Form	990, Part X, line 15.
	(a)) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. ((B) line 15.)		. ►
Part X	Other Liabilities.			
	Complete if the organization answe line 25.	ered "Yes" on Form 99	0, Part IV, line 11e or 11f. See	e Form 990, Part X,
	(a) Description of liability	(b) Book val	ue	
	ral income taxes			
(2) INTE	RCO PAYABLE TO CANCER CARE	283,	387.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 283, 387. 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

Х

Schedu	e D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	59,128,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	20,310,709.
3	Subtract line 2e from line 1	3	38,817,895.
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	38,817,895.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	60,932,148.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	20,458,073.
3	Subtract line 2e from line 1	3	40,474,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	40,474,075.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

Schedule D (Form 990) 2017

JSA

INCOME TAX POSITION

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2 THE FOUNDATION 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 TYPE I SUPPORTING ORGANIZATION TO CANCER CARE. IN ADDITION, THE FOUNDATION HAS BEEN CLASSIFIED AS NONPROFIT IN CHARACTER FOR STATE AND LOCAL INCOME TAX PURPOSES. ACCORDINGLY, THE FOUNDATION 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 FOUNDATION 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 2018 OR 2017.

SCHEDULE D, PART XI, LINE 2D CANCER CARE REVENUE \$20,310,709

SCHEDULE D, PART XI, LINE 2D

CANCER CARE EXPENSES \$20,458,073

Schedule D (Form 990) 2017

SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States								DMB No. 1545-0047
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				ach to Form 990.				Open to Public
Internal Revenue Service				/Form990 for the I	atest information	1.		Inspection
Name of the organization	CANCER CARE CO-PA	YMENT ASS	ISTANCE				Employer identific	
FOUNDATION, INC.	nformation on Grants and	Accistone					26-119670	19
						I aliaihilite fan tha anaat		
-	zation maintain records to su eria used to award the grants			-	-			X Yes No
	IV the organization's proced							
						valete if the evenesian		
	d Other Assistance to De		-					es" on Form
990, Part	IV, line 21, for any recipi	ent that rec	eived more tha	an \$5,000. Part II	can be duplicat	•	ce is needed.	
	d address of organization government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1) CANCER CARE								
275 SEVENTH AVENU	E NEW YORK, NY 10001	13-1825919	501(C)(3)	271,602.				TREATMENT SUPPORT
_(2)								
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		_						
(9)		_						
(10)		_						
(11)		-						
(12)		-						
	per of section 501(c)(3) and g		0					1.
	er of other organizations list on Act Notice, see the Instruction			<u></u>	<u></u>			nedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

11 204				
11,394.	37,400,527.			
_ _ _		prmation required in Part I.	prmation required in Part I. line 2. Part III. c	ormation required in Part I, line 2, Part III, column (b); and any ot

information.

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS WITH CANCER IN THE FORM OF CO-PAYMENT ASSISTANCE FOR BOTH PRESCRIBED TREATMENT AND SUPPORTING MEDICATIONS, PREMIUM ASSISTANCE OR OTHER DIRECT FINANCIAL ASSISTANCE IN ORDER TO ENSURE ACCESS TO CARE, TREATMENT AND PRESCRIBED MEDICATIONS. THE FOUNDATION HAS ESTABLISHED OBJECTIVE CRITERIA FOR DETERMINING ELIGIBILITY FOR ASSISTANCE, WHICH WILL BE BASED UPON AN APPLICANT'S MEDICAL CONDITION AND FINANCIAL NEED. THE FINANCIAL NEED CRITERIA IS BASED ON CERTAIN NATIONAL STANDARDS OF INDIGENCE. THE

Schedule I (Form 990) (2017)

Page 2

JSA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
Irt IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional
UNDATION PROVIDES ASSISTANCE FOR	UP TO ONE YEAR	R, AFTER WHIG	CH TIME A		
CIPIENT MAY REAPPLY. APPLICANTS M	UST HAVE INSU	RANCE EITHER	IN THE FORM	М	
PRIVATE OR AN EMPLOYER-SPONSORED	HEALTH PLAN,	MEDICARE PA	RT B,		

MEDICARE PART D, MEDICARE SUPPLEMENTARY HEALTH INSURANCE OR MEDICARE

ADVANTAGE PLAN. APPLICANTS MUST BE DIAGNOSED WITH ONE OF THE CANCER TYPES

THAT THE FOUNDATION COVERS, SUCH DIAGNOSIS MUST BE VERIFIED BY A HEALTH

CARE PROFESSIONAL AND THE PATIENT MUST BE IN ACTIVE TREATMENT IN THE

UNITED STATES. PAYMENTS GENERALLY ARE SENT DIRECTLY TO AN INSURER,

PHARMACY OR OTHER HEALTH CARE PROVIDER UPON RECEIPT OF BILLS OR OTHER

DOCUMENTATION. THE FOUNDATION DOES NOT RESTRICT THE MEDICAL PROVIDER,

PAGE 34

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. 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
2					
3					
4					
5					
6					
7					

Eatily Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PHARMACY SELECTED, OR MEDICAL TREATMENT CHOICE OF THE PATIENT. THE

PATIENT MAY CHANGE PROVIDERS AT ANY TIME DURING THE AWARD PERIOD.

SCHEDULE I, CONFIRMATION OF PATIENT ELIGIBILITY

THE FOUNDATION PERFORMS A THIRD-PARTY VERIFICATION OF INCOME, HOWEVER, IN

CASES IN WHICH INCOME CANNOT BE VERIFIED THROUGH A THIRD PARTY, THE

FOUNDATION REQUESTS A TAX RETURN TO INSURE THAT PATIENTS MEET THE THEN

STATED INCOME THRESHOLD.

2375926

	EDULE J	Compensation Information		OMB No.	1545-0	047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and H Compensated Employees	lighest	20	17	I.
		Complete if the organization answered "Yes" on Form 990, Part	IV, line 23.			alia
	nent of the Treasury Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest info	rmation	Open t	o Pul	
	of the organization		Employer identific			<u> </u>
	NDATION, IN		26-11967			
Part		ns Regarding Compensation				
i ai i					Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the following to or fo	r a person listed on Fo	orm		
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information re	garding these items.			
	First-cla	ass or charter travel Housing allowance or reside	nce for personal use			
	Travel fo	or companions Payments for business use of				
	Tax inde	emnification and gross-up payments Health or social club dues or	initiation fees			
	Discretio	onary spending account Personal services (such as, r	naid, chauffeur, chef)			
		have an line to an abactual did the annai-ation follows a written a		4		
b	or reimburse	boxes on line 1a are checked, did the organization follow a written p ement or provision of all of the expenses described above? If "No	olicy regarding paym	to		
				<u>1</u> b		
2		anization require substantiation prior to reimbursing or allowing ex	penses incurred by	all		
	directors, trus	stees, and officers, including the CEO/Executive Director, regarding the	e items checked on I	ine		
	1a?			. 2		
3	Indicate which	h, if any, of the following the filing organization used to establish the comp	pensation of the			
		s CEO/Executive Director. Check all that apply. Do not check any boxes fo				
		nization to establish compensation of the CEO/Executive Director, but expl	ain in Part III.			
	· · ·	nsation committee Written employment contrac				
	· · ·	ndent compensation consultant X Compensation survey or stud				
	X Form 99	90 of other organizations	npensation committee			
4		ear, did any person listed on Form 990, Part VII, Section A, line 1a, with re or a related organization:	espect to the filing			
а	Receive a sev	verance payment or change-of-control payment?		. 4a		Х
b	Participate in	, or receive payment from, a supplemental nonqualified retirement plan?.		. 4b		Х
С	Participate in	, or receive payment from, an equity-based compensation arrangement?.		. 4c		X
	If "Yes" to an	ny of lines 4a-c, list the persons and provide the applicable amounts for	each item in Part III.			
	-	1 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines				
5		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any			
	-	n contingent on the revenues of:				
а	-	tion?				X
b		prganization?		. 5b		X
Ē		ne 5a or 5b, describe in Part III.				
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any			
_		n contingent on the net earnings of:				v
a		tion?				X
b		prganization?		. 6b		
		ne 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization				x
0		t described on lines 5 and 6? If "Yes," describe in Part III			+	- ^
8	-	nounts reported on Form 990, Part VII, paid or accrued pursuant to a cont			1	
		Il contract exception described in Regulations section 53.4958-4(a				x
9		line 8, did the organization also follow the rebuttable presumption				
3		section 53.4958-6(c)?				
	· · · · · · · · · · · · · · · · · · ·			. 3	1	

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC 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)	in column (B) reported as deferred on prior Form 990
PATRICIA GOLDSMITH	(i)	0.	0.	0.	0.	0.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	304,365.	0.	1,980.	24,360.	35,144.	365,849.	
JOHN RUTIGLIANO	(i)	0.	0.	0.	0.	0.	0.	
2 ^{CHIEF FINANCIAL OFFICER}	(ii)	243,016.	0.	690.	17,859.	34,609.	296,174.	
CHRISTINE VERINI	(i)	241,276.	0.	450.	12,500.	19,986.	274,212.	
CHIEF OF BUS. DEV.(END-3/2018)	(ii)	0.	0.	0.	0.	0.	0.	
MICHELE MCCOURT	(i)	152,151.	0.	690.	8,250.	43,993.	205,084.	
4 CO-PAY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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.

PART I, LINE 3

THE COMPENSATION OF THE CEO IS DETERMINED BY CANCER CARE'S EXECUTIVE

COMMITTEE UTILIZING COMPARABLE 990 INFORMATION OF OTHER ORGANIZATIONS

AND/OR COMPENSATION SURVEYS OR STUDIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization FOUNDATION, INC.

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

FORM 990, PART I, LINE 1

THE FOUNDATION'S PRIMARY ACTIVITY IS TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WITH CANCER IN THE FORM OF INSURANCE CO-PAYMENT ASSISTANCE FOR BOTH PRESCRIBED TREATMENT AND SUPPORTIVE MEDICATIONS.

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE FOUNDATION'S PRIMARY ACTIVITY IS TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WITH CANCER IN THE FORM OF INSURANCE CO-PAYMENT ASSISTANCE FOR BOTH PRESCRIBED TREATMENT AND SUPPORTIVE MEDICATIONS. THROUGH THIS PROGRAM, THE FOUNDATION WILL OFFER FINANCIAL HELP WITH OUT-OF-POCKET COSTS TO FINANCIALLY ELIGIBLE CANCER PATIENTS, INCLUDING MEDICARE BENEFICIARIES, THOSE WITH PRIVATE INSURANCE AND CERTAIN MEDICAID BENEFICIARIES. IT MAY ALSO PROVIDE INSURANCE PREMIUM ASSISTANCE OR OTHER DIRECT FINANCIAL ASSISTANCE IN ORDER TO INSURE ACCESS TO CARE, TREATMENT AND PRESCRIBED MEDICATIONS.

ORGANIZATION'S EMPLOYEES

FORM 990, PART V, LINE 2

PATRICIA GOLDSMITH AND JOHN RUTIGLIANO ARE EMPLOYED AND PAID BY CANCER CARE. THE W-2 FORMS FOR THESE INDIVIDUALS ARE ISSUED BY CANCER CARE. THE PORTION OF THEIR SALARIES ALLOCATED TO TIME WORKED FOR THE FOUNDATION HAS BEEN PROPERLY REPORTED AS THE FOUNDATION'S SALARY EXPENSE.

FORM 990, PART VI, LINE 3

PATRICIA GOLDSMITH AND JOHN RUTIGLIANO ARE FULL-TIME EMPLOYEES OF CANCER CARE, A 501(C)(3) ORGANIZATION, WHICH IS THE SOLE MEMBER OF THE FOUNDATION. PART OF THE DUTIES OF PATRICIA GOLDSMITH AND JOHN RUTIGLIANO FOR CANCER CARE INCLUDES PROVIDING PROGRAM AND MANAGEMENT SUPPORT TO THE FOUNDATION. CANCER CARE CONTROLS THE FOUNDATION AND HAS THE POWER TO APPOINT AND REMOVE ALL THE MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION. THE OFFICERS' COMPENSATION PAID BY CANCER CARE IS LISTED ON PART VII, FORM 990.

MEMBER OF ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 6 CANCER CARE IS THE SOLE MEMBER OF THE FOUNDATION.

MEMBER POWERS

FORM 990, PART VI, SECTION A, LINES 7A AND 7B CANCER CARE, AS SOLE MEMBER, RESERVES THE FOLLOWING POWERS WITH RESPECT TO THE FOUNDATION: ELECTION, APPOINTMENT AND REMOVAL OF THE BOARD OF TRUSTEES; AMENDING ARTICLES OF INCORPORATION; AMENDING AND REPEALING THE BYLAWS.

FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11B THE IRS FORM 990 IS PREPARED BY THE FOUNDATION'S OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER. THE 990 IS FILED WITH THE IRS AFTER A REVIEW BY THE FULL BOARD.

Page 2

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

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

DOCUMENT RETENTION & DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

THE FOUNDATION MAINTAINS A HIPAA-COMPLIANT DATABASE WITH A THIRD-PARTY VENDOR THAT DIGITIZES ALL OF ITS PATIENT RECORDS AND DOCUMENTS. THIS SECURE WEB-BASED SYSTEM IS HOSTED OFF-SITE AND IN A CO-LOCATION. AS THE FOUNDATION WAS ONLY ESTABLISHED IN 2008 AND THE COST OF ELECTRONIC STORAGE IS MINIMAL, MANAGEMENT HAS NOT YET DETERMINED A PURGING SCHEDULE.

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, LINE 15A AND 15B THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF ALL

V 17-7.10

Schedule O (Form 990 or 990	-EZ) 2017					Page 2
Name of the organization	CANCER	CARE	CO-PAYMENT	ASSISTANCE	Employer identification number	
FOUNDATION, INC.					26-1196709	

PAID OFFICERS AND KEY EMPLOYEES ANNUALLY DURING THE PERFORMANCE EVALUATION OR BUDGET PROCESS. ADDITIONALLY, THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF ANY NEWLY HIRED KEY EMPLOYEE. THE EXECUTIVE COMMITTEE IS COMPRISED OF INDEPENDENT INDIVIDUALS SELECTED BY THE BOARD OF TRUSTEES. AS REQUESTED THE DIRECTOR OF HUMAN RESOURCES WILL PREPARE BENCHMARKING STUDIES 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 COMMITTEE MEMBERS REVIEW AND ANALYZE THE INFORMATION PRESENTED, INCORPORATE ANY VARIANCES OF ACTUAL JOB RESPONSIBILITIES AS COMPARED TO THE BENCHMARKED POSITIONS AND MAKE A DETERMINATION AS TO THE APPROPRIATENESS OF CURRENT COMPENSATION AND ANNUAL COMPENSATION ADJUSTMENTS. THE DETERMINATION IS SUBSTANTIATED IN A CONTEMPORANEOUS MEMORANDUM TO THE HUMAN RESOURCES DEPARTMENT.

DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION B, LINE 19

THE FOUNDATIONS'S FINANCIAL STATEMENTS ARE DISCLOSED ON ITS WEB SITE, WWW.CANCERCARECOPAY.ORG, AND ARE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ITS CONFLICT OF INTEREST POLICY PUBLICLY AVAILABLE, BUT PROVIDES IT UPON REQUEST TO DONORS AND CORPORATE GRANTORS.

2375926

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization CANCER CARE CO-PAYMENT ASSISTANCE Employer identification number	,
FOUNDATION, INC. 26-1196709	
ATTACHMENT 1	
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSA	TION

SOFTWARE LICENSING

CHRONIC DISEASE FUND

PLANO, TX 75024

6900 NORTH DALLAS PARKWAY, SUITE 200

327,285.



26-1196709

Internal Revenue Service

Department of the Treasury

SCHEDULE R

(Form 990)

Name of the organization CANCER CARE CO-PAYMENT ASSISTANCE

FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling
		or foreign country)			entity
_(1)					
(2)					
(3)					
-					
(4)					
(5)					
	1				
(6)					
		1		1	1

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Part II

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	Section 5 contr ent	g) 512(b)(13) rolled tity?
						Yes	No
(1) CANCER CARE INC. 13-1825919							
275 SEVENTH AVENUE NEW YORK, NY 10001	SUPPORT SVC	NY	501(C)(3)	7	N/A		Х
(2)							
]						
(3)							
]						
(4)							
]						
(5)							
(6)							
]						1
(7)							
	1						1

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

Schedule R (Form 990) 2017

JSA 7E1307 1.000 Schedule R (Form 990) 2017

Part III 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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	(h) (i) portionate cations? (Form 1065)				(k) Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	e Secti 512(b) contro entit
(1)	_							Yes
(2)	-							
(3)								
(4)	_							
(5)	_							
(6)								
	-							

26-1196709

Schedule R (Form 990) 2017

Part \	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or mo	ore related organizations lis	ted in Parts II-IV?				
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
c (Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
e L	oans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s).				1i		Х
	ease of facilities, equipment, or other assets to related organization(s).				1j		Х
, -							
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m F	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	<u> </u>
o S	Sharing of paid employees with related organization(s).				10	Х	
						37	
-	Reimbursement paid to related organization(s) for expenses.				1p	Х	37
q F	Reimbursement paid by related organization(s) for expenses				1q		X
					4		х
	Other transfer of cash or property to related organization(s)				1r 1s		X
	Other transfer of cash or property from related organization(s). f the answer to any of the above is "Yes," see the instructions for information on who must comple				-	 S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		ıg
		type (a-s)		amou	int invo	lived	
(1)							
(.)							
(2)							
(3)							
(1)							
(4)							
(5)							
(6)							
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) Name, address, and EIN of entity	(state or foreign income (related, section country) unrelated, excluded 501(c)(3) from tax under organizations?		(f) Share of total income	(f) (g) Share of Share of otal income end-of-year assets			(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership			
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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