Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 201	1 calendar year, or tax year beginning 07/	01, 2011	, and en	ding	_	06/30,	20 ₁₂			
			C Name of organization				D Employer ide	ntification nu	mber			
3 Cr	neck if ap	oplicable:	CANCER CARE, INC.									
	Addre		Doing Business As				13-1825	919				
	7 '	change	Number and street (or P.O. box if mail is not delivered to street address	te	E Telephone nu	mber						
	†	return	275 SEVENTH AVENUE				(212) 712-8400					
	Terminated City or town, state or country, and ZIP + 4											
Amended NEW YORK, NY 10001 G Gross receipts \$ 26,246												
	returi Appli	n cation	F Name and address of principal officer: HELEN MILLER				H(a) Is this a group		Yes X No			
	pend				affiliates?	· -						
			275 SEVENTH AVENUE, NEW YORK, NY 1000				H(b) Are all affiliate		Yes No			
		empt st		4947(a)(1)	or	527	-	a list. (see instr				
			WWW.CANCERCARE.ORG				H(c) Group exemp					
			ization: X Corporation Trust Association Other		L Ye	ar of forma	tion: 1955 M S	State of legal of	domicile: NY			
Pa	rt I	Su	mmary									
	1		describe the organization's mission or most significant activities									
ø		TO I	IMPROVE LIVES BY HELPING PEOPLE COPE WI	TH, ANI) MANA	GE, TH	E					
auc		EMO	FIONAL AND PRACTICAL CHALLENGES OF CANC	ER.								
ern												
Governance	2	Check	this box $ ightharpoonup$ if the organization discontinued its operations	s or dispose	ed of more	than 25%	6 of its net assets	•				
<u>ه</u>	3	Numb	er of voting members of the governing body (Part VI, line 1a)					3	33.			
es	4	Numb	er of independent voting members of the governing body (Part V	/I, line 1b)				4	33.			
Activities	5	Total	number of individuals employed in calendar year 2011 (Part V, lir	ne 2a)				5	154.			
Ç	6	Total	number of volunteers (estimate if necessary)					6	250.			
`	-	Total	gross unrelated business revenue from Part VIII, column (C), line	12				7a	0			
			nrelated business taxable income from Form 990-T, line 34									
		ivet ui	Trelated business taxable income from 1 orn 330-1, line 34 1 1				Prior Year		irrent Year			
	8	Contri	ibutions and grants (Part VIII line 1h)				17,704,55		1,553,433.			
Revenue		Drage	ibutions and grants (Part VIII, line 1h)	COPY	for		17,704,33.	0				
Ver	9	Progra	am service revenue (Part VIII, line 2g)	PUBLIC IN	SPECTIO	<u> </u>	519,05		444,168.			
Re	10	IIIVESI	Line it income (rait viii, column (A), inles 3, 4, and 7d)	United that viii, column (A), lines 3, 4, and 7d								
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				605,63		568,737.			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A				18,829,240		5,566,338.			
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)				5,223,52	5. 5	5,678,587.			
	14		its paid to or for members (Part IX, column (A), line 4)					0				
es	15		es, other compensation, employee benefits (Part IX, column (A), l				7,774,69	9. 7	7,578,499.			
eus	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)					0	0			
Expenses				565,958		_						
-	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				5,307,85		5,319,484.			
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	25)			18,306,07	6. 18	3,576,570.			
	19	Rever	nue less expenses. Subtract line 18 from line 12				523,17	03	3,010,232.			
Net Assets or Fund Balances						Begir	nning of Current Ye	ear E	nd of Year			
sets	20	Total	assets (Part X, line 16)			_	26,466,769	9. 22	2,832,102.			
ASS d Bas	21	Total	liabilities (Part X, line 26)			-	3,318,68	5. 3	3,264,410.			
	22	Net as	ssets or fund balances. Subtract line 21 from line 20.				23,148,08	4. 19	,567,692.			
	rt II	Sig	gnature Block					<u>'</u>				
Unc	ler per	nalties o	f perjury, I declare that I have examined this return, including accompanying	ng schedules	and statem	ents, and t	the best of my kn	owledge and	belief, it is true,			
corr	ect, a	na comp	olete. Declaration of preparer (other than officer) is based on all information	n of which pi	reparer nas	any knowi	eage.					
Si	ign											
	ere		Signature of officer				Date					
			Type or print name and title									
			Type preparer's name Preparer's signature		Date		Check if	PTIN				
Paid		1	RBARA E. HUNT			/12	self-					
Prep	oarer		. KDMC IID		5/15	13	employed >		0916443			
Jse	Only		s name	101-1	0100			13-55652				
			address > 345 PARK AVENUE NEW YORK, NY					212-758-				
Иау	the I	RS dis	cuss this return with the preparer shown above? (see instructions))				X	Yes No			

Form **990** (2010)

Department of the Treasury

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

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (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 identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 13-1825919 CANCER CARE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 275 SEVENTH AVENUE filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10001 **Application Application** Return Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 Form 990-EZ 01 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ▶ JOHN RUTIGLIANO Telephone No. ▶ 212-712-8400 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box

If it is for part of the group, check this box

and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. The extension is until 02/15 for the organization's return for: calendar year 20 or , 20 11 , and ending 06/30► X tax year beginning 07/01 , 20_12_. If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

(Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

3b \$

	(Rev. 1-2012)				Page 2
● If you a	are filing for an Additional (Not Au	tomatic) 3-Month Exten	sion, complete only Part I	il and check this box	▶ X
Note. Onl	y complete Part II if you have alre	eady been granted an au	tomatic 3-month extension	on a previously filed Form 8868	8.
	are filing for an Automatic 3-Mont				
Part II	Additional (Not Automatic) 3-Month Extension o	of Time. Only file the original	ginal (no copies needed).	<u> </u>
. Circii				nter filer's identifying number, se	e instructions
	Name of exempt organization or	other filer, see instructions.		Employer Identification num	
T	The state of the s				
Type or				12 1025010	
print	CANCER CARE, INC. Number, street, and room or suite	no If a P Ω hox see instru	ctions	Social security number (SSN	1)
File by the		, ,	•		
due date for filing your	275 SEVENTH AVENUE City, town or post office, state, a	<u> </u>			
return. See	City, town or post office, state, at	nd Zii code. I or a roleigh ac	dress, see mondettens.		
instructions.	NEW YORK, NY 10001				
	Return code for the return that the			ach return)	
Application	on	Return	Application		Return
ls For		Code	Is For		Code
Form 990		01			<u> </u>
Form 990	-BL	02	Form 1041-A		08
Form 990	-EZ	01	Form 4720		09
Form 990	-PF	04	Form 5227		10
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
)-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were	e not already granted ar	automatic 3-month exte	nsion on a previously filed For	m 8868.
	oks are in the care of JOHN				
	one No. ► 212-712-8400		FAX No. ▶	 -	
	organization does not have an office			his box	▶□
	s for a Group Return, enter the org				his is
	hole group, check this box			···/	
	ne names and EINs of all member		art or the group; encor the	ook.,	
				, 20 13 .	
	quest an additional 3-month exten				20.10
5 For	calendar year, or other ta	ix year beginning 07/01	ck reason: Initial re	eturn Final return	, 20 <u>12</u> .
6 If the	e tax year entered in line 5 is for I	ess than 12 months, che	ck reason miliar re	etum rmanetum	
	Change in accounting period				
	e in detail why you need the exter		<u>NECESSARY TO PREPA</u>	ARE A COMPLETE AND	
_AC	<u>CURATE RETURN IS NOT Y</u>	<u>ET_AVAILABLE</u>	<u> </u>		
) ++ 0000	tative toy long and	
	is application is for Form 990-E), or 6069, enter the ter	1 1	
	refundable credits. See instruction			8a \$	
	his application is for Form 99				
	mated tax payments made. In		overpayment allowed as		
amo	ount paid previously with Form 88	68.		8b \$	
	ance Due. Subtract line 8b from li		nent with this form, if requi		
(Ele	ctronic Federal Tax Payment Syste			8c \$	
. –			st be completed for f		
	lities of perjury, I declare that I have exa		companying schedules and states	ments, and to the best of my knowle	dge and belief,
it is true, cor	rrect, and complete, and that I am authorize				
	6. 011. to DI	gitally signed by barbarahunt N: cn≕barbarahunt			
Signature >		ate: 2013.02.12 13:11:19 -05'00'	Title ► AUTHORIZED		
				Form 8868	Rev. 1-2012)

Page 2 Form 990 (2011)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	FOUNDED IN 1944, CANCERCARE IS ONE OF THE NATION'S LARGEST	
	ORGANIZATIONS DEDICATED TO HELPING PEOPLE COPE WITH, AND MANAGE, BOTH	
	THE EMOTIONAL AND PRACTICAL CHALLENGES OF CANCER. FOR MORE	
	INFORMATION, SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the am grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	1
	COUNSELING AND SUPPORT - TELEPHONE, ONLINE AND FACE-TO-FACE. ALL	
	SUPPORT SERVICES ARE PROVIDED BY PROFESSIONAL ONCOLOGY SOCIAL	
	WORKERS.	
	(Code:) (Expenses \$ 6,777,105, including grants of \$ 5,633,860,) (Revenue \$)	
	(Code:) (Expenses \$6,777,105_ including grants of \$5,633,860_) (Revenue \$) FINANCIAL ASSISTANCE PROVIDES FUNDS FOR TREATMENT-RELATED COSTS,	
	SUCH AS OTC PAIN MEDICATION, TRANSPORTATION, HOMECARE, CHILDCARE	
	AND LYMPHEDEMA SUPPLIES.	
	(Code:) (Expenses \$, including grants of \$) (Revenue \$) EDUCATION - TELECONFERENCES LED BY EXPERTS IN THE FIELD PROVIDE	
	CANCER PATIENTS AND CAREGIVERS WITH THE OPPORTUNITY TO LISTEN AND	
	ASK QUESTIONS ON A VARIETY OF CANCER-RELATED TOPICS.	
	ASK QUESTIONS ON A VARIETY OF CANCER-RELATED TOPICS.	
4 d	Other program services (Describe in Schedule O.) ATTACHMENT 1	
	(Expenses \$ 1,934,198. including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 14,886,000.	

JSA 1E1020 1.000 PT8733 E299 Form **990** (2011) 589106

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Part	Checklist of Required Schedules		V	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		3.7
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			- 21
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		Х
h	complete Schedule D, Parts XI, XII, and XIII	124		- 21
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0	37	
20-	If "Yes," complete Schedule G, Part III	19	X	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>u</u>	ii 100 to iiio 200, did the organization attaon a copy of its addited illiancial statements to this fetulit?	200		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
31	•	31		Х
2.2	Part I	31		
32	complete Schedule N, Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		,,		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		3.7	
	IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	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	Х	
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,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2011)

Form 990 (2011) Page **5**

Par				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 154			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,		37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
E o	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>

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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 to any question in this Part VI			X						
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. If there are 1a 33									
	material differences in voting rights among members of the governing body, or if the governing body									
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
_	any other officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct									
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
'a	one or more members of the governing body?	7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
b	stockholders, or persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
0	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?	0.5								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	X							
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	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a										
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by									
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
100	with a taxable entity during the year?	16a		Х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	···								
b	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								
Sect	ion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5									
	available for public inspection. Indicate how you made these available. Check all that apply.	01(0)(0,0 0	'''y <i>'</i>						
	X Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	oct n	olicy						
13	and financial statements available to the public during the tax year.	ı ıııtel	σοι μ	oncy,						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	20								
20	organization: John Rutigliano 275 Seventh Avenue, New York, NY 10001 (212)712-8400	IC								
JSA	- O O O O O O O O O O O O O O O O O O O	Form	990	(2011)						

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 3	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WIGG)	organization and related organizations
(1) SUSAN SMIRNOFF										
PRESIDENT & TRUSTEE	5.25	Х		Х				0	0	(
(2) MARGARET R DIAZ-CRUZ LMSW										
VICE PRESIDENT & TRUSTEE	3.50	Х		Х				0	0	(
(3) EDWARD C LAUBER										
VICE PRESIDENT & TRUSTEE	3.00	Х		Х				0	0	(
(4) MAGGY M SIEGEL										
VICE PRESIDENT & TRUSTEE	3.00	Х		Х				o d	0	(
(5) TIMOTHY M DWYER TREASURER & TRUSTEE	4.50	Х		Х				C	0	(
(6) DAVID J KEISMAN ASSISTANT TREASURER & TRUSTEE	4.00	Х		Х				O	0	(
(7) MICHAEL D WIDLITZ MD SECRETARY & TRUSTEE	3.75	Х		Х				0	0	(
(8) ANDREW C PIZZO VICE PRESIDENT & TRUSTEE	3.75	Х		Х				C	0	(
(9) JANET DEWART BELL TRUSTEE	1.00	Х						C	0	(
(10) AUDREY A BOUGHTON TRUSTEE	1.50	Х						C	0	(
(11) JAN MYERS COOK TRUSTEE	1.50	Х						C	0	(
(12) FRANK DOROFF TRUSTEE	1.00	Х						0	0	(
	1.00	Х						C	0	(
	3.00	Х						O	0	(

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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (describe	ge for the per k box, unless			Position heck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount of other npensation	f
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganization of related anization	on d
15)	LOUIS A GUZZETTI JR	2 00	37										0
16)	TRUSTEE	2.00	X						0	0			
T 0)	KRIS JOHNSON TRUSTEE	1.00	X						0	0			0
17)	CAROL LIN	1.00	21						0	0			
= - /	TRUSTEE	1.50	X						0	0			0
18)	THERESA NATALICCHIO									3			
	TRUSTEE	1.50	Х						0	0			0
<u>19)</u>	ALBERT G NICKEL												
	TRUSTEE	1.00	Х						0	0			0
20)	JOHN A ORWIN												
	TRUSTEE	1.00	X						0	0			0
21)	MARSHA J PALANCI												
	TRUSTEE	1.50	X						0	0			0
22)	MICHAEL PARISI TRUSTEE	1.50	Х						0	0			0
23)	WILLIAM C PELSTER TRUSTEE	2.00	Х						0	0			0
24)	MATTHEW E ROS TRUSTEE	1.00	Х						0	0			0
25)	DOROTHY SCHACHNE TRUSTEE	1.00	Х						0	0			0
1b	Sub-total								0	0			0
	Total from continuation sheets to Part VII, S	ection A						•	847,499.	86,365.	1	L09,2	203.
	Total (add lines 1b and 1c)							\blacktriangleright	847,499.	86,365.	1	L09,2	203.
	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose	liste	d al	bov		o re	ceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	P If	"Yes	5,"	complete Schedu	le J for such	4	X	
5	Did any person listed on line 1a receive or												
_	for services rendered to the organization? If "Ye	es," comple	te Scł	nedu	ıle J	l for	such	per	son		5		X
	Complete this table for your five highest com	nanact 1 '	n al a := :	المصا				'	hat rapping during	than (100 000 -			
1	Complete this table for your five highest com compensation from the organization. Report c												

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 6

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Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do.	not of		ition	e than o	no	Reportable	Reportable		stimated nount of	
	hours per week	,				is both		compensation from	compensation from related		other	
	(describe	office	er and	dad		or/trust	ee)	the	organizations		pensati	on
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)		om the	_
	related organizations	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)		_	anizatio d related	
	in Schedule	tor tr	onal		oloy	con					anizatior	
	O)	uste	trus		96	nper						
		Ф	tee			Highest compensated employee						
						Δ.						
TRUSTEE	1.75	Х						0	0			0
27) MIRANDA SCHILLER												
TRUSTEE	3.25	Х						0	0			0
28) CORNELIA B SPRING												
TRUSTEE	1.50	Х						0	0			0
29) MILTON G STROM	1133											
TRUSTEE	1.00	Х						0	0			0
30) JAMES B SWIRE	1.00											
TRUSTEE	2.00	Х						0	0			0
31) SAMUEL D TURNER	2.00											
TRUSTEE	2.00	Х						0	0			0
32) LINDA T VAHDAT MD	2.00	21							0			
TRUSTEE	1.00	Х						0	0			0
33) PAMELA SUTHERN WYGOD	1.00	21										
TRUSTEE	1.00	Х						0	0			0
34) HELEN MILLER	1.00	21							J			
CHIEF EXECUTIVE OFFICER	33.00			Х				258,281.	12,805.		31,5	302
35) JOHN RUTIGLIANO	33.00			21				250,201.	12,003.		J + , J	,,,,,,
CHIEF OPERATING OFFICER	24.00			Х				175,753.	66,751.		26,8	182
36) MICHAEL DIVERS	24.00			Δ.				175,755.	00,731.		20,0	02.
CHIEF DEVELOPMENT OFFICER	35.00				_v			163,534.	0		18,0	102
	33.00				Х	•		103,334.	0		10,0	704.
1b Sub-total	O											
c Total from continuation sheets to Part VII,	•											
d Total (add lines 1b and 1c)						a)b.		l	\$400,000 of			
2 Total number of individuals (including but no reportable compensation from the organizat				a ar	OOV	e) wno	э ге	eceived more than	\$100,000 01			
Teportable compensation from the organization	1011	-	5								Yes	No
											res	No
3 Did the organization list any former of												v
employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the												
organization and related organizations	_							•	le J for such	4	37	
individual										4	X	
5 Did any person listed on line 1a receive of										_		
for services rendered to the organization? If	res," comple	te Scl	nedu	iie J	tor	such	per	rson		5		X
Section B. Independent Contractors										,		
1 Complete this table for your five highest compensation from the organization. Repor												
vear	compensati	011 101	ше	: Ud	i c II(iai ye	aı t	anding with or With	iii tile organizatio	ııs tax		

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

589106

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

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CANCER CARE, INC.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	erson direct	e than o	an ee)	(D) Reportable compensation from the	Reporta compensation related organizat	on from d ions	Esi am comp	timated ount of other pensati	f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatio I related nization	b
37) SUE LEE									_				
DIR OF DEVELOPMENT, INST SUPPT	33.00					X		129,368.	6,	809.		16,7	714.
38) ROSALIE CANOSA DIRECTOR OF PROGRAMS	35.00					X		120,563.		0		15,9	333
	33.00							120,303.		0		10 7 5	
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						* * *						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 0	of			
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	! It	"Yes	5, "	complete Schedu	le J for s		4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indivi		5		Х
Section B. Independent Contractors													
 Complete this table for your five highest com- compensation from the organization. Report of year. 													
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) compens	ation	
							-						
							+						

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

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Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b Fundraising events 1c 2	127,153.				
3ifts Iar A	d	Fundraising events	,090,527.				
ns, (Simi	e	Government grants (contributions) 1e	167,500.				
utio	f	All other contributions, gifts, grants,					
d i			2,168,253.				
Cor	g h	Noncash contributions included in lines 1a-1f: \$		14 552 422			
ne	n	Total. Add lines 1a-1f	iness Code	14,553,433.			
Program Service Revenue	2a						
e Re	b						
Σ̈	С						
J Se	d						
yran	е						
Proç	f g	All other program service revenue L Total. Add lines 2a-2f		0			
_	3	Investment income (including dividends, interest, an		Ü			
		other similar amounts)		296,961.			296,961.
	4	Income from investment of tax-exempt bond proceed		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	Personal	0			
		(, (,	reisonai				
	6a	Gross rents					
	b	Less: rental expenses Rental income or (loss)					
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities (i	ii) Other				
		assets other than inventory 9,853,514.					
	b	Less: cost or other basis					
		and sales expenses 9,706,307.					
	d	Gain or (loss)		147,207.			147,207.
<u>a</u>	8a	Gross income from fundraising		117/1077			117,207
Other Revenue		events (not including \$2,090,527.					
eve		of contributions reported on line 1c).					
<u>ہ</u> ج		See Part IV, line 18 a	440,807.				
the	b	Less: direct expenses	440,437.	200			200
0	C	Net income or (loss) from fundraising events Gross income from gaming activities.		370.			370.
	Ja	See Part IV, line 19	34,417.				
	b	Less: direct expenses b	6,682.				
	С	Net income or (loss) from gaming activities	<u></u> ▶	27,735.			27,735.
	10a	Gross sales of inventory, less					
		returns and allowances a	832,547.				
	b c	Less: cost of goods sold	526,487.	306.060	20 504		276 476
			iness Code	306,060.	29,584.		276,476.
	11a	HONORARIA AND OTHER 900	099	234,572.			234,572.
	b						
	С						
	d	All other revenue					
	е 12	Total. Add lines 11a-11d		234,572.	29.584		222.55
	114	TOTAL LEVELIUE, DEC HISHUGHOUS	=>!	h. hhh . < < X	29.584	i	983.321

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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) but are not required to complete columns (B), (C), and (D).

required to complete columns (B), (C), and (D). Check if Schedule O contains a res	enonee to any question is	n this Part IV		
	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and	44 505	44 505		
organizations in the United States. See Part IV, line 21	44,727.	44,727.		
2 Grants and other assistance to individuals in	5 622 060	5 622 060		
the United States. See Part IV, line 22	5,633,860.	5,633,860.		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	'			
5 Compensation of current officers, directors,	704 061	252 261	1 4 7 2 4 4	204 156
trustees, and key employees	794,861.	253,361.	147,344.	394,156
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1	4 102 FF4	244 716	047 055
7 Other salaries and wages		4,193,554.	344,716.	847,955
8 Pension plan accruals and contributions (include section	106 005	99,621.	11,915.	24 720
401(k) and 403(b) employer contributions)	005 544	616,635.	49,346.	24,739 159,763
9 Other employee benefits				
10 Payroll taxes	433,394.	321,999.	25,710.	87,685
11 Fees for services (non-employees):	0			
a Management	·			34,776
b Legal			76,542.	34,770
c Accounting			70,342.	
d Lobbying	0			
 e Professional fundraising services. See Part IV, line 17 f Investment management fees 	ŭ		88,922.	
	1 116 504	722,642.	113,652.	280,290
g Other		6,094.	113,032.	21,389
	1 574 507	1,291,838.	39,871.	242,878
13 Office expenses		1/2/1/050.	3370711	212,070
	'			
15 Royalties16 Occupancy	'	1,123,862.	81,478.	273,292
17 Travel	100 604	67,679.	4,511.	36,414
18 Payments of travel or entertainment expenses	200,001	0.70.751	1,011	30,111
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7.5	62.	2.	11
21 Payments to affiliates	'			
22 Depreciation, depletion, and amortization		319,340.	121,790.	109,087
23 Insurance	0- 4-0	63,929.	4,819.	16,425
24 Other expenses. Itemize expenses not covered	33,2131	33,7227	-,	
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.)				
a STAFF/VOLUNTEER TRAINING	36,823.	18,720.	4,282.	13,821
b MEMBERSHIPS & SUBSCRIPTIONS	20,670.	14,379.	1,610.	4,681
c MISCELLANEOUS EXPENSES	120,396.	93,698.	8,102.	18,596
d	3,223	/	- ,	-,
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e		14,886,000.	1,124,612.	2,565,958
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if		11,000,000.	1,121,012.	2,303,730
following SOP 98-2 (ASC 958-720)	0			F 000 (0044

JSA 1E1052 1.000

Form **990** (2011)

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Form 990 (2011) Page **11**

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,145,216.	1	904,849.
	2	Savings and temporary cash investments			1,226,369.	2	1,097,990.
	3	Pledges and grants receivable, net			2,555,703.	3	2,406,532.
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers,	dire	ctors, trustees, key			
		employees, and highest compensated employe		-			
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of see employees' beneficiary organizations (see instruct	c)(3)(I ction	3), and contributing 501(c)(9) voluntary	0		0
ets	7	Notes and loans receivable, net	,		0	7	0
Assets	8	Inventories for sale or use			0	8	0
_	9	Prepaid expenses and deferred charges			1,347,947.	9	1,110,352.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	6,059,996.			
	b	Less: accumulated depreciation	10b	2,211,943.	2,814,338.	10c	3,848,053.
	11	Investments - publicly traded securities			15,033,725.	11	11,885,845.
	12	Investments - other securities. See Part IV, line 11			978,627.		961,557.
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			364,844.	15	616,924.
	16	Total assets. Add lines 1 through 15 (must equal			26,466,769.	16	22,832,102.
	17	Accounts payable and accrued expenses			1,101,951.	17	1,080,027.
	18	Grants payable				18	0
	19	Deferred revenue			120,475.	19	136,488.
	20	Tax-exempt bond liabilities			0		0
Liabilities	21	Escrow or custodial account liability. Complete		i i	0	21	0
ij	22	Payables to current and former officers,		- 1			
E.		employees, highest compensated employees, a			0	00	0
	22	Complete Part II of Schedule L	منطاط		0	22	0
	23 24	Secured mortgages and notes payable to unrelate				24	0
	25	Unsecured notes and loans payable to unrelated of Other liabilities (including federal income tax, payable).			0	24	0
	23	parties, and other liabilities not included on lines					
		of Schedule D			2,096,259.	25	2,047,895.
	26	Total liabilities. Add lines 17 through 25			3,318,685.	26	3,264,410.
es	_	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.				-	
Ž	27	Unrestricted net assets			16,130,462.	27	13,837,832.
3ak	28	Temporarily restricted net assets			7,017,622.	28	5,729,860.
둳	29	Permanently restricted net assets			0	29	0
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ and			
ţ	30	Capital stock or trust principal, or current funds .				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			23,148,084.	33	19,567,692.
	34	Total liabilities and net assets/fund balances			26,466,769.	34	22,832,102.
							F 000 (2244)

Form **990** (2011)

Form 990 (2011) Page **12**

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,5		
2		2	18,5		
3		3	-3,0	10,2	232.
4		4	23,1	48,0	084.
5		5	-5	70,	160.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
		6	10 5	C7 (-00
D	Tinonoial Statements and Benerting		19,5	6/,6	92.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question 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," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r were			
	issued on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form $\mathbf{990}$ (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

CHIVC.		INC.									<u> </u>	3313		
Part	Reas	on for Pub	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions				
The or	ganization	is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one box	x.)					
1	A churc	h, conventi	on of churches, or	association of churches	describ	ed in s	section	170(b)(1)(A)(i)					
2	A scho	ol described	d in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)									
3	A hosp	ital or a coo	perative hospital s	service organization descr	ibed in	sectio	n 170(b)(1)(A)	(iii).					
4	A med	ical researd	h organization op	erated in conjunction w	ith a h	ospita	ıl descr	ibed in	sectio	n 170(b)(1)(<i>A</i>	A)(iii).	Enter	the
_	 hospita	l's name, cit	ty, and state:	·		•				-				
5				nefit of a college or univ	ersity	owned	d or ope	erated b	ov a go	vernme	ntal u	nit des	cribe	d in
			A)(iv). (Complete F		,		•		, ,					
6			, , , , ,	or governmental unit des	cribed	in sect	tion 170	(b)(1)(A)(v).					
_	_		_	es a substantial part of it						it or fro	om the	e dene	ral ni	ıblic
٠ ـــ			•	. (Complete Part II.)	.0 00,66		u gu		,			g gc	. a. p .	
8	_			on 170(b)(1)(A)(vi). (Com	nnlete F	Part II \								
9		-		es: (1) more than 331/3%				contrib	utione	mamh	archin	foos s	and a	roce
J			-	s exempt functions - sub									_	
				ome and unrelated busi	-		-							
		_		ne 30, 1975. See section				-		1 311	ian, i	ioiii bi	usirie	3363
0	_	-	=	ited exclusively to test for			-		-	`				
11	_		-	rated exclusively for the	-	-				-	or t	o carr	, out	tho
'' _			•	apported organizations de								•		
				pes the type of supporting					-				= 5e c	LIOII
		-	b Type		-		nally inte	-	iiiles i	d T	¬~	ı II. e III - O	thor	
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	•			igers and other than one	01 1110	re pur	olicly Su	pportec	ı organ	izations	uest	inbed i	n sec	JUOH
			n 509(a)(2).		- 100	414 :4	: T	I T	5. mag = 11	- T			·	
f		_		en determination from th	ie iks	tnat it	is a i	ype ı, ı	ype II,	or Type	e III s	upport	ing 「	\neg
	_	ation, check						,					l	
g		-	=	nization accepted any gif	t or co	ntributi	ion from	any of	the					
		g persons?												
		•	-	ectly controls, either alor		-	er with	person	s desc	ribed in	(11)		Yes	No
				dy of the supported organ	nization	?						11g(i)		
				scribed in (i) above?								11g(ii)		
				son described in (i) or (ii) a								11g(iii)		
h	Provide	the following	ng information abo	out the supported organiz	ation(s)).								
(i)) Name of su		(ii) EIN	(iii) Type of organization	(iv)	Is the zation in		ou notify		s the	(\	ii) Amo		
	organizat	.1011		(described on lines 1-9 above or IRC section	col. (i)	listed in		anization . (i) of		zation in rganized		suppo	JI L	
				(see instructions))		overning ment?	your st	ipport?		Ŭ.S.?				
					Yes	No	Yes	No	Yes	No				
A)														
В)														
C)														
D)														
E)														
-,														
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Γotal														

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 **(b)** 2008 (d) 2010 (c) 2009 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not 18,729,388 18,816,145 16,106,692 17,704,553 85,910,221. include any "unusual grants.") 14,553,443 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 18,729,388. 18,816,145 16,106,692. 17,704,553. 14,553,443 85,910,221. The portion of total contributions by each person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount 18,854,896. shown on line 11, column (f) Public support. Subtract line 5 from line 4. 67,055,325 Section B. Total Support (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 18,729,388 18,816,145 16,106,692 17,704,553 14,553,443 85,910,221. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 389,005 sources 438,945 246,909 299,405 296,961 1,671,225. Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1 572,735 2,623,927. 90,205,373. 11 Total support. Add lines 7 through 10 . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.34% Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 82.80% 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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

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

Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6								
1 Gifts, grants, contributions, and membership fees no covered. (Op not include any functual grants). 2 Giness treespit from antissions, membershape sold or services performed, or facilities furnished in any activity that is relieded to the organization's tax-exempt purpose. 3 Giness treespit from activities that are not an unrelead trate or business under section 513. 4 Tax revenues levied of 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 Ta A monutis included on lines 1, 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 15,000 or 1% of the amount on line 13 for the year c Add lines 7 and 37 to 1. 8 Public support (Subtract line 7 of from line 6.) 9 Annouras from line 6. 10 Special from line 6. 10 Special from line 6. 11 Total Support (Subtract line 7 of from line 6.) 12 Other income. Do not include gain or loss from the saie of capital sesses section 511 taxes) from businesses accurred affect June 30, 1975. 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 togranization, check his box and stop here. 5 Public support percentage from 2010 Schedule A, Part III, line 15. 15 Public support percentage from 2010 Schedule A, Part III, line 17. 18 Public support percentage from 2010 Schedule A, Part III, line 15. 18 Public support percentage from 2010 Schedule A, Part III, line 15. 19 3 33173% support percentage from 2010 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage 17 investment income percentage from 2010 Schedule A, Pa				42000	() 0000	(1) 0040	() 0044	(O.T.)
received. (Const include any vinusual grants.) 2 Cross receipts from admissions, merchandise sold or sentioss performed or facilities furnished in any activity that is relieved to the organization's tearement purpose. 3 Gross receipts from admissions, merchandise sold or sentions performed on facilities furnished in any activity that is relieved to the organization's tearement purpose. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Goss receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is reliated to the organization's tax-eventy purpose 3 Goss receipts from activities that are not an unrelead trade or business under section 513. 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf to or expended on its organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disputabled persons b Anounts included on lines 2 and 3 received from other than disputabled persons that exceed the greater of \$6,000 co. Add lines 7 and 7 fbr. 1.3 for the year received promotion of the greater of \$6,000 co. 8 Public support (Subtract line 7 c from line 6.) 9 Amounts from line 6. 5 Callendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6. b Unrelated business taxable income (less section 51 if taxes) from businesses acquired after June 30, 1975 c. Add lines 10 and 10b 1 Not income from unrelated business stayble income (less section 51 if taxes) from businesses acquired after June 30, 1975 c. Add lines 10 and 10b 1 Not income. Do not include gain or loss from the sale of capital assets (Explain Part IV.) 1 Total support. (Add lines 9, 10c, 11, and 112). Total support (Add lines 9, 10c, 11, and 112). 1 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 1 Total support testes 2011. If the organization of lort check the box on line 14, and line 15 is more than 331/3% check this box and		,						
sold or services performed, or facilities furnished in any activity that is related to the organizations trace-empt purpose. 3. Gines receipts from activities that are not an unrelated trace because the control of the organizations benefit and either paid to or expended on its behalf and either paid to or expended on its behalf until to the organization without charge. 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		· · · · · · · · · · · · · · · · · · ·						
turnished in any activity that is related to the organization's tax-everyt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 at Tax revenues levide for the organization's benefit and either paid to or expended on its behalf		·						
3 Gress receipts from activities that are not an unrelated throid or business under section 513 . 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Public support (Subtract line 7 or from line 6.) 9 Amounts from line 6. 10a Gress income from inerest, dividends, orens, rens, revalues and the securities loans, rens, resplaces and income from similar sources . 9 Unrelated business taxable income (less section 511 taxes) from businesses activities loans, rens, required after June 30, 1975 . 10 Add lines 10 and 10b . 11 Net income from unrelated business activities into 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 assests (Explain in Part IV) . 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here. 9 Section D. Computation of Public Support Percentage 15 Public support percentage from 2010 Schedule A, Part III, line 15. 16 Section D. Computation of public Support Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17. 18 Investment income percentage from 2010 Schedule A, Part III, line 17. 19 a 331/3% suppor		sold or services performed, or facilities						
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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 to the organization without charge to the form of the than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on its 13 for the year c Add lines 7 and 70. 8 Public support (Subtract line 7 c from line 6). 9 Amounts from line 6,		organization's tax-exempt purpose						
4 Tax revenues levied for the organizations benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) P (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6. 9 Amounts from line 6. 5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Total support. (Add lines 9, 10c, 11, and 12.) 1 Total support (Add lines 9 or 10t lines 8, column (f) divided by line 13, column (f)) 15 8 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 18 Public support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 15 19 Escetion D. Computation of Public Support Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 19 and 131/3% support tests - 2011. (lith e organization did not check the box on line 14, and line 15 is more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ based in the support percentage	3	Gross receipts from activities that are not an						
organization's benefit and either paid to or expended on its behalf or the variable of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disputified persons		unrelated trade or business under section 513						
to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5,		organization's benefit and either paid						
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ	15	Public support percentage for 2011 (line 8,	column (f) divide	ed by line 13, colur	mn (f))		15	%
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ	16	Public support percentage from 2010 Scheo	dule A, Part III, lir	ne 15			16	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ	Sect	ion D. Computation of Investmen	t Income Per	centage				
18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ	17	Investment income percentage for 2011 (lin	ie 10c, column ((f) divided by line 1	3, column (f))		17	%
 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% check this box and stop here. The organization qualifies as a publicly supported organ 							18	%
17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organ							re than 331/3%,	and line
b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331, line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		-						. \square
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ					•	•		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst		•		•	•			

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Page 4

Schedule A (Form 990 or 990-EZ) 2011

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	Ξ				
DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISC REV & INVENTORY SALES	523,280.	572,735.	471,122.	545,742.	511,048.	2,623,927.
TOTALS		572,735.	471,122.	545,742.	511,048.	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of the organization		Employer identification number
CANCER CARE, INC.		
		13-1825919
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 fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)	o) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form .	e year, a contribution of
during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitaes, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contri not total to more than year for an exclusively applies to this organiz), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did the received during the test state General Rule to butions of \$5,000 or
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Seanswer "No" on Part IV, line 2, of its Form 990; or check the box on line Fig. 7, to certify that it does not meet the filing requirements of Schedule B (For	l of its Form 990-EZ or on

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

Name of organization CANCER CARE, INC.

Employer identification number
13-1825919

Part I	Contributors (see instructions). Use duplicate copies of Pari	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$1,000,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$822,047.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$800,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$577,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$400,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _		\$830,000.	Person X Payroll Noncash (Complete Part II if there is

a noncash contribution.)

Name of organization CANCER CARE, INC.

Employer identification number
13-1825919

Part I	Contributors (see instructions). Use duplicate copies of Par	e instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7 _		\$771,250.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8 _		\$657,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9 _		\$584,168.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			

Name of organization CANCER CARE, INC.

Employer identification number

13-1825919

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

(d)

Date received

(a) No.

from

Part I

(b)

Description of noncash property given

\$

\$_

(c)

FMV (or estimate)

(see instructions)

Name of organization CANCER CARE, INC.

Employer identification number

1	2 -	_ 1	Q 1	25	a 1	С

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	ear. Complete colur	nns (a) through (e) and the following line entry.				
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inf	ormation once. Se	charitable, etc., ee instructions.)				
	Use duplicate copies of Part III if addition	onal space is neede	d.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	or of aift					
	Transferee's name, address, ar			nship of transferor to transferee				
	Transferee 3 maine, address, at			isinp of transferor to transferee				
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transi	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	Relation	nship of transferor to transferee				
(a) No.	+							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	-							
	(e) Transfer of gift							
	Transferee's name, address, ar		Relationship of transferor to transferee					
		· 		,				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2011

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. Inspection

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

Total number at end of year Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate grants from (during year) Aggregate grants from (during year) Aggregate value at end of year Aggregate value valu	Par	Organizations Maintaining Donor Advisorganization answered "Yes" to Form 99		or Accounts. Complete if the
2 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a nistorically important land area Preservation of open space Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements C Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P. Number of states where property subject to conservation easements is located P. Number of states where property subject to conservation easements is focated P. Number of states where property subject to conservation easements in solated P. No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year P. S Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds? 1 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Othe			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a nistorically important land area Preservation of open space Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements C Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P. Number of states where property subject to conservation easements is located P. Number of states where property subject to conservation easements is focated P. Number of states where property subject to conservation easements in solated P. No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year P. S Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds? 1 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	1	Total number at end of year		
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A Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				
tunds are the organization's property, subject to the organization's exclusive legal control?			dvisors in writing that the assets held	in donor advised
the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of natural habitat Preservation of on atural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a). 2a		-	-	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure 2 Complete lines 2 at hrough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Total acreage restricted by conservation easements 8 Number of conservation easements on a certified historic structure included in (a) 2. 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it holds? 8 Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements it holds? 9 Loses the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 9 Loses each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the tot of the footnote to the organization's financial statements that describes the or	6		= =	
conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of open space Preservation easement of the last day of the tax year. Total number of conservation easements Preservation Pre				
Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)				
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of actriftied historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ No staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Ps No each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B) (i) and section 170(h)(4)(B)(B)(P)? In Part XIII) If the organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line & Part IIII organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the testine form 990, Part IVI, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provi	Par	rt II Conservation Easements. Complete if the	he organization answered "Yes" to	Form 990, Part IV, line 7.
Protection of natural habitat	1			
Protection of natural habitat		Preservation of land for public use (e.g., recrea	ation or education) Preservation	n of an historically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		1 1		
a Total number of conservation easements . 2a b Total acreage restricted by conservation easements . 2b c Number of conservation easements on a certified historic structure included in (a) . 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . 2d Number of states where property subject to conservation easement is located ▶ . 2d Number of states where property subject to conservation easement is located ▶ . 2d Number of states where property subject to conservation easement is located ▶ . 2d Number of states where property subject to conservation easement is located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements in located ▶ . 2d Number of states where property subject to conservation easements during the year ▶ . 2d No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . 2d No 9 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) (i) and section 170(h)(4)(B)(ii)? . 2d 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organ		Preservation of open space		
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)	2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	in the form of a conservation
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)		easement on the last day of the tax year.		
b Total acreage restricted by conservation easements				Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)	а	Total number of conservation easements		. 2a
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements		. 2b
historic structure listed in the National Register	С			_ 2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d	* *	•	
tax year ▶				
Number of states where property subject to conservation easement is located ▶	3		ferred, released, extinguished, or term	ninated by the organization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year				
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Substitute of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year No In part XIV, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iii) Assets in				
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization encounter of Yes" to Form 990, Part IV, line 8. In the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part VIII, line 1	5			
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$	_			
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year S	6		pecting, and enforcing conservation e	asements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	_			
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X	7		ng, and enforcing conservation easen	nents during the year
(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part VIII, line 1 (iv) Assets included in Form 990, Part VIII, line 1 (iv) Revenues included in Form 990, Part VIII, line 1	•	·	O(d) above antick the many increases of	
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Revenues included in Form 990, Part VIII, line 1 Revenues included in Form 990, Part VIII, line 1 Revenues included in Form 990, Part VIII, line 1	8	·	• •	` ` ` ` `
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 P\$	9			
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		The state of the s	<u> </u>	nciai statements that describes the
Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 S	Par			ner Similar Assets.
public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1				
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		works of art, historical treasures, or other similar	assets held for public exhibition, e	ducation, or research in furtherance of
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		•		
public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	b			
 (i) Revenues included in Form 990, Part VIII, line 1				ducation, or research in futilierance of
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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1				
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	2			
a Revenues included in Form 990, Part VIII, line 1	_	<u> </u>		<u> </u>
	а			
	_			

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2**

Par	t III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (d	continue	d)
3	Using the organization's acquisition collection items (check all that apply)		ther recor	ds, check	c any o	f the	follow	ing that a	re a sigr	nificant u	se of its
а	Public exhibition d Loan or exchange programs										
b	Scholarly research		e –	Oth		_					
С	Preservation for future gene	erations		_							
4	Provide a description of the organization		and expla	ain how t	hev fur	ther	the ord	anization's	s exemp	t purpose	e in Part
	XIV.				, ,			,			
5	During the year, did the organization	solicit or receive d	onations o	of art. histo	orical tre	easur	es. or o	other simila	ar		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? • • • • • • • • • • • • • • • • • • •										
Par		rangements. Con	nplete if t	he orgar						0, Part I	
	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
								A	mount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f				1	
2a	Did the organization include an amo		art X, line	21?					· · · L	Yes	No
	If "Yes," explain the arrangement in F				W. C II. (000	D (1) (11 4.0		
Par	t V Endowment Funds. Comp	(a) Current year			(c) Two			(d) Three y		(a) Faur	ears back
1a	Beginning of year balance	13,630,462.	(b) Prio	9,991.			230.	10,502		(e) Four	rears back
b	Contributions	13,030,402.		8,161.), .	113,	230.		2,746.		
C	Net investment earnings, gains,		1,20	0,101.				1,052	2,710.		
·	and losses	-207,601.	2 22	2,310.		962	929.	-2,109	516		
Ь	Grants or scholarships	207,001.	2,22	2,310.	_	, 02,	747.	2,100	,510.		
e	Other expenditures for facilities										
	and programs	2,085,029.				288.	168.				
f	Administrative expenses	2700070231			_						
g	End of year balance	11,337,832.	13.63	0,462.	10,1	119.	991.	9.44	5,230.		
2	Provide the estimated percentage of								,		
а	Board designated or quasi-endowme			, (00.0	(ω), .					
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶	% ▶ %									
	The percentages in lines 2a, 2b, and		00%.								
3a	Are there endowment funds not in th	·		ation that	are held	d and	admin	istered for	the		
	organization by:	·	J							Y	es No
	(i) unrelated organizations									3a(i)	Х
	(ii) related organizations									3a(ii)	Х
b	If "Yes" to 3a(ii), are the related orga	nizations listed as r	required on	Schedule	e R?					3b	
4	Describe in Part XIV the intended us	es of the organizati	on's endo	wment fur	nds.						·
Par	t VI Land, Buildings, and Equi	pment. See Forn	n 990, Pa	rt X, line	10.						
	Description of property	(a) Cost or (invest		(b) Cost o	or other ba ther)	sis		umulated eciation	(c	l) Book valu	e
1 a	Land										
b	Buildings										
С	Leasehold improvements				287,29		9	63,325.		2,32	3,974.
d	Equipment				356,25		3	96,834.		45	9,422.
e	Other				916,44			51,784.		1,06	4,657.
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	n 990, Part	X, columr	n (B), lin	e 10(c).).	▶		3,84	8,053.

Schedule D (Form 990) 2011

CANCER CARE, INC.

Schedule D (Form 990) 2011 Page 3

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
<u>(I)</u>				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	000 Dt V Lin	- 10	
Part VIII	Investments - Program Related. See F			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15		
. GIV.		Description		(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book value	<u>e </u>	
	ral income taxes	1 500 /	202	
	RRED RENT	1,598,2		
	UED POSTRETIREMENT BENEFIT	276,1		
	ITIES PAYABLE	173,	001.	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,047,8	305	
Total. (Colul	ini (b) must equal i onii 990, Fait A, Coi. (b) iiile 25.)	4,047,0	,,,,,	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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CANCER CARE, INC. 13-1825919

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Investment expenses 6 6 Prior period adjustments 7 7 Other (Describe in Part XIV.) 8 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments **b** Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities **b** Prior year adjustments 2b d Other (Describe in Part XIV.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

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

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

RETURN CONSISTENT WITH PRUDENT INVESTMENT MANAGEMENT AND THE PRESERVATION

OF CAPITAL.

INCOME TAX POSITION

SCHEDULE D, PART X, LINE 2

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

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

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

ITS EXEMPT PURPOSE. THE ORGANIZATION RECOGNIZES THE EFFECTS OF

INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF

BEING SUSTAINED. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL

2012 OR 2011.

Schedule D (Form 990) 2011

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

13-1825919

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CANCER CARE, INC.				13-1825919)
General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	red "Yes" to
1 For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistance	e, and the selection criteri	a used to award the	Yes No
 2 For grantmakers. Describe in assistance outside the United State 3 Activities per Region. (The follows) 	ates.			_	and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		961,557.
(2)					
(3)					
(4)					
(5)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
<u>(</u> 16)					
(17)					
3a Sub-total b Total from continuation sheets to Part I					961,557.
c Totals (add lines 3a and 3b)					961.557.

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part II	Part IV, line 15, for a	ssistance to Organization any recipient who received ated if additional space is no	d more than \$5,00						
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by th	e IRS, or for which the gr	t organizations listed above the antee or counsel has provide ganizations or entities	d a section 501(c)(3	3) equivalency letter			>		

JSA

1E1275 1.000

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Schedule F (Form 990) 2011 Pag

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

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

Schedule F (Form 990) 2011

JSA

1E1276 1.000

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 Schedule F (Form 990) 2011
 Page 4

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

Schedule F (Form 990) 2011

CANCER CARE, INC. 13-1825919

 Schedule F (Form 990) 2011
 Page 5

Part V Supplemental Information

JSA 1E1502 3.000 Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2011

PT8733 E299 V 11-6.5 589106 PAGE 34

SCHEDULE G (Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CANC	ER CARE,						13-1825919	
Part		draising Activities. Con				"Yes" to Form 9	990, Part IV, line	17.
	- FOIII	n 990-EZ filers are not	<u> </u>			activities Chack	all that apply	
		ether the organization rai Dlicitations	_		_	activities. Check a non-government g		
a	_	t and email solicitations	e f			government grant	•	
b		solicitations					5	
C			g		ciai fundra	ising events		
d	=	on solicitations						
		anization have a written o loyees listed in Form 990						Yes No
		the ten highest paid ind ed at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
		nd address of individual ntity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3		es in which the organiza or licensing.				contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2011

Page 2

Schedule G (Form 990 or 990-EZ) 2011

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

		gross receipts greater than \$5,0	00.			
			(a) Event #1 AWARD DINNER	(b) Event #2 GALA	(c) Other Events 26.	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
è.		Gross receipts	336,500.	512,749.	1,682,085.	2,531,334
ď	2	Less: Charitable	082 501	204 005	1 400 011	0 000 505
		contributions	273,521.	394,995.	1,422,011.	2,090,527
	3	Gross income (line 1 minus line 2)	62,979.	117,754.	260,074.	440,807
		mie 2)	02,575.	117,731.	200,071.	110,007
	4	Cash prizes				
	5	Noncash prizes				
S	_					
Direct Expenses	6	Rent/facility costs		18,300.	65,334.	83,634
хbе	7	Food and beverages	44,530.	73,749.	50,737.	169,016
д	'	1 ood and beverages	11,330.	73,740.	30,737.	100,010
Oire	8	Entertainment	1,500.		8,524.	10,024
	9	Other direct expenses	16,949.	25,335.	135,479.	177,763
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)			(440,437.) 370
		Net income summary. Combine line 3				
Pa		Gaming. Complete if the orgathan \$15,000 on Form 990-E		es to Form 990, Par	t iv, line 19, or repo	rtea more
				(b) Pull tabs/instant	() () ()	(d) Total gaming (add
nu((a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue			34,417.	34,417
	_				6 600	6 600
ses	2	Cash prizes			6,682.	6,682
Direct Expenses	3	Noncash prizes				
Ä	ľ	Nonedon phizos I I I I I I I I I I I I I I I I I I I				
rect	4	Rent/facility costs				
\Box						
	5	Other direct expenses			1	
	6	Volunteer labor	Yes% No	Yes% No	Yes% X No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		(6,682.)
	8	Net gaming income summary. Comb	ine line 1, column d, and	d line 7		27,735
	a Is	nter the state(s) in which the organizat the organization licensed to operate of "No," explain:	tion operates gaming actigation operates gaming activities in each	of these states?		. X Yes No
	=	,			,,	
		Vere any of the organization's gaming	licenses revoked, suspe	ended or terminated durin	ng the tax year?	Yes X No
k) If	"Yes," explain:				
	_					

 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes X No
formed to administer charitable gaming?	Yes X No
Torrifed to administer charitable garning:	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	%
b An outside facility	100.0000 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
records:	
Name ► DEVELOPMENT DIRECTORS	
Address ► CANCER CARE, 275 7TH AVENUE NEW YORK, NY 10001	
/Marioto /	
15a Does the organization have a contract with a third party from whom the organization receives gaming	
revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
amount of gaming revenue retained by the third party ► \$	
c If "Yes," enter name and address of the third party:	
c in 163, enter name and address of the tillid party.	
Name ▶	
Address	
16 Gaming manager information:	
To Caming manager information.	
Name ►	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	
or spent in the organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line	
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns	
part to provide any additional information (see instructions).	inhiere rins

Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public

Inspection

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

Name of	the organization						Employer identificati	on number
CANCI	ER CARE, INC.						13-1825919	
Part I	General Information on Grants and	Assistance)					
the	oes the organization maintain records to su e selection criteria used to award the grants escribe in Part IV the organization's proced	or assistance	∍?					X Yes No
Part I	Grants and Other Assistance to G to Form 990, Part IV, line 21, for an Part II can be duplicated if additional	ny recipient	that received	l more than \$5,00	00. Check this b	plete if the organiza ox if no one recipier	nt received more th	nan \$5,000.
1	(a) Name and address of organization or 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 non-cash assistance	(h) Purpose of grant or assistance
_ (1) AM	ERICAN HEART ASSOCIATION							
42	6 17TH STREET, STE 300 OAKLAND, CA 94612	13-5613797	501(C)(3)	38,927.				SHARED FUNDRAISER
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								
_(8)								
_(9)								
(10)								
(11)								
(12)								
3 Er	ter total number of section 501(c)(3) and gater total number of other organizations listenses between Reduction Act Notice, see the In	ed in the line	1 table				>	1. 1. ule I (Form 990) (2011)
rui Pa	Delwolk Reduction Act Notice. See the in	รถ แตะกดกรี 10	11 FUITH 99U.				acned	uie i (Form 990) (2011

JSA

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TRANSPORTATION, CHILDCARE & GENERAL	25,505.	5,633,860.			
2					
3					
A.					
6					
7					

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

GRANT ELIGIBILITY RECORDS

SCHEDULE I, PART I, LINE 2

CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM PROVIDES GRANTS TO INDIVIDUALS WITH CANCER TO PROVIDE SUPPORT FOR PRACTICAL NEEDS SUCH AS TRANSPORTATION TO TREATMENT, CHILD CARE, HOME CARE, SUPPORTIVE MEDICATIONS AND MEDICAL SUPPLIES. CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM IS SUPPORTED BY OVER 20 DIFFERENT FUNDING STREAMS AND GRANTS VARY BASED ON DIAGNOSIS AND GEOGRAPHY. IN ADDITION TO RECEIVING FINANCIAL SUPPORT, EACH CLIENT RECEIVES A FULL PSYCHOSOCIAL ASSESSMENT BY A MASTERS-TRAINED SOCIAL WORKER AND IS ELIGIBLE TO PARTICIPATE IN ALL OF CANCER CARE'S FREE

Schedule I (Form 990) (2011)

PAGE 39

JSA

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
j					
i e e e e e e e e e e e e e e e e e e e					
,					

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

SUPPORT AND EDUCATIONAL SERVICES. CANCER CARE MAKES INFREQUENT

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

REGULAR REPORTING REGARDING THE EXPENDITURE OF FUNDS, IN ADDITION TO

PROGRAMMATIC STATISTICS AND A SUMMARY OF ACCOMPLISHMENTS UNTIL THE

EXPENDITURE OF FUNDS OR THE PROJECT IS COMPLETE.

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization are 22

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Manager College Bases and Park Annual College and All the control of College and College a			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		
a	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			37
a	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_	77	
c	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			7.7
•	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	242,056.	15,000.	1,225.	20,663.	9,437.	288,381.	
1 HELEN MILLER	(ii)	12,740.	C	65.	1,024.	468.	14,297.	
	(i) _	162,870.	C	664.	8,177.	9,905.	181,616.	
2 MICHAEL DIVERS	(ii)	0	C	0	0	0	C	
	(i) _	155,438.	20,000.	315.	12,303.	7,179.	195,235.	
3 JOHN RUTIGLIANO	(ii)	66,616.	C	135.	4,673.	2,727.	74,151.	
	(i) _	129,091.		277.	6,469.	9,410.	145,247.	
4 SUE LEE	(ii)	6,794.	C	15.	340.	495.	7,644.	
	(i) _							
5	(ii)							
	(i) _							
6	(ii)							
	(i) _							
7	(ii)							
	(i) _							L
8	(ii)							
	(i) _							
9	(ii)							
	(i) _							L
10	(ii)							
	(i) _							L
11	(ii)							
	(i) _							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2011

JSA

1E1291 1.000

Schedule J (Form 990) 2011

Part | Supplemental Information

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

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

THE BOARD'S COMPENSATION COMMITTEE APPROVED DISCRETIONARY BONUSES FOR THE

CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER TO RECOGNIZE

PERFORMANCE OF ADDITIONAL SERVICES FOR THE ORGANIZATION.

Schedule J (Form 990) 2011

JSA 1E1505 3.000

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	CER CARE, INC.					3-1825919		iibei	
	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lin	on	Method o			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6.	41,4	01.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►()								
26	Other ►()								
27	Other N								
28	Other ►()								
29	Number of Forms 8283 received	hy the oras	nization during the tax ve	ar for contributions	for				
23	which the organization completed	, ,	,			29			
	which the organization completed	1 01111 0200,	Tartiv, Bonce Acknowledg					Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part	I. lines	: 1-28 that			
	it must hold for at least three year								
	used for exempt purposes for the e						30a		Х
b	If "Yes," describe the arrangement								
31	Does the organization have a		tance policy that require	s the review of a	anv no	n-standard			
	contributions?				-		31	Х	
32 a	Does the organization hire or use	e third part	ies or related organization	s to solicit process	or se	ell noncash			
	contributions?	•					32a		Х
h	If "Yes," describe in Part II.						32a		21
33	If the organization did not report a	n amount in	column (c) for a type of pro	perty for which colu	mn (a) i	is checked			
	describe in Part II.	amount m	co.a (o, for a type of pro	. For Willow Colu	(u) i	onconou,			

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

Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

NUMBER OF CONTRIBUTORS

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

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

JSA Schedule M (Form 990) (2011)

1E1508 2.000

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

CANCER CARE, INC.

Employer identification number 13-1825919

ORGANIZATION MISSION

FORM 990, PART III, LINE 1

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

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

PRACTICAL CHALLENGES OF CANCER. OUR STAFF OF PROFESSIONAL ONCOLOGY SOCIAL

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

BOTH URBAN AND RURAL AREAS.

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

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

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

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

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

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

(4673).

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FAMILY OR BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 2

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

FORM 990 REVIEW PROCESS

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

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

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

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

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

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

CORPORATE OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REMOVE THEMSELVES

PAGE 47

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FROM ANY RELATED DISCUSSION OR DECISION.

DOCUMENT RETENTION & DESTRUCTION POLICY

FORM 990, PART VI, LINE 14

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

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

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

DOCUMENTS AVAILABLE TO THE PUBLIC

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

FORM 990, PART VI, SECTION B, LINE 19

CANCER CARE'S FINANCIAL STATEMENTS FOR THE MOST RECENT THREE YEARS ARE DISCLOSED ON ITS WEB SITE, WWW.CANCERCARE.ORG, AND ARE MADE AVAILABLE UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS NOR ITS CONFLICT OF INTEREST POLICY PUBLICLY AVAILABLE BUT PROVIDES IT UPON REQUEST TO DONORS AND CORPORATE GRANTORS.

OTHER CHANGE IN NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS \$ (570,160)

ATTACHMENT 1

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

DESCRIPTION GRANTS EXPENSES REVENUE

INFO & PUB (CANCERCARE INFORM TM) 1,934,198.

TOTALS 1,934,198.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

Schedule O (Form 990 or 990-EZ) 2011

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Name of the organization		Employer identification number
CANCER CARE, INC.		13-1825919
		ATTACHMENT 3 (CONT'D)
MARGARET R DIAZ-CRUZ LMSW		
VICE PRESIDENT & TRUSTEE	1.00	
TIMOTHY M DWYER		
TREASURER & TRUSTEE	2.00	
PAUL M FRIEDMAN		
TRUSTEE	1.00	
SAMUEL D TURNER		
TRUSTEE	1.00	
HELEN MILLER		
CHIEF EXECUTIVE OFFICER	2.00	
JOHN RUTIGLIANO		
CHIEF OPERATING OFFICER	11.00	
SUE LEE		
DIR OF DEVELOPMENT, INST SUPPT	2.00	

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MCS MARKETING 321 MANLEY STREET WEST BRIDGEWATER, MA 02379	DIRECT MARKETING	274,083.
CORPORATE INTERIORS CONTRACTING 104 E 25TH STREET NEW YORK, NY 10010	CONTRACTOR	949,776.
PHILIP HOLZER AND ASSOCIATES 350 MICHELE PLACE CARLSTADT, NJ 07072	PRINTING	323,722.
ATRIUM STAFFING 71 FIFTH AVENUE NEW YORK, NY 10003	STAFFING	161,599.
GENESYS CONFERENCING, INC. DEPARTMENT 0938 DENVER, CO 80256	TELECONFERENCING	166,939.
TOTAL COMPENSATION		1,876,119.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Name of the organization

CANCER CARE, INC.

Employer identification number
13-1825919

Part I	Identification of Disregarded Entities (Complete if t	the organization ans	wered "Yes" to F	Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	P	(b) rimary activity	(c) egal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	
_(1)								
_(2)								
_(3)								
_(4)								
_(5)								
<u>(6)</u>								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(Complete if the o	rganization answ	vered "Yes" to F	orm 990, Part IV	, line 34 because	it had	
	, ,							- \
	(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 enti	olled
(1) CANCE	Name, address, and EIN of related organization	1	Legal domicile (state		Public charity status	Direct controlling	contr	olled
	· · ·	1	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	contr	olled ity?
275 SI	Name, address, and EIN of related organization R CARE CO-PAYMENT ASSISTANCE FND 26-1196709	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	olled ity?
	Name, address, and EIN of related organization R CARE CO-PAYMENT ASSISTANCE FND 26-1196709 EVENTH AVENUE NEW YORK, NY 10001	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	olled ity?
(2)	Name, address, and EIN of related organization R CARE CO-PAYMENT ASSISTANCE FND 26-1196709 EVENTH AVENUE NEW YORK, NY 10001	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	olled ity?
(2) (3)	Name, address, and EIN of related organization R CARE CO-PAYMENT ASSISTANCE FND 26-1196709 EVENTH AVENUE NEW YORK, NY 10001	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	olled ity?
(2) (3) (4) (5)	Name, address, and EIN of related organization R CARE CO-PAYMENT ASSISTANCE FND 26-1196709 EVENTH AVENUE NEW YORK, NY 10001	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	olled ity?

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

Schedule R (Form 990) 2011

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Schedule R	Schedule R (Form 990) 2011					
Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34					
	herause it had one or more related organizations treated as a partnership during the tay year \					

Decause it had one of i	nore related orga	HIZALIONS	s irealeu as a pa	armership duning me	iax 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 alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No	(Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(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
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2011

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Part V	Transactions With Related Organizations	(Complete if the organizati	on answered "Yes" to Form 990,	Part IV, line 34, 35, 35a, or 36.)
--------	--	-----------------------------	--------------------------------	------------------------------------

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
а		1a		Х
b		1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1 c		Х
d		1d		Х
е		1e		X
f		1f		Х
g	Purchase of assets from related organization(s)	1g		Х
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		Х
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		Х
m		1 m	Х	
n		1n	Х	
0	Reimbursement paid to related organization(s) for expenses	10	Х	
р		1p	X	
q		1q		Х
r		1r		X

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	CANCER CARE CO-PAYMENT ASSISTANCE	М	536,319.	COST
<u>(2)</u>	CANCER CARE CO-PAYMENT ASSISTANCE	N	282,857.	COST
<u>(3)</u>	CANCER CARE CO-PAYMENT ASSISTANCE	Р	207,114.	COST
(4)				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2011

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

CANCER CARE, INC.

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	related, excluded under Are all pai sectio 501(c)(organizati		Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No			
(1)															
(2)															
(3)															
(4)															
<u>(5)</u>															
<u>(6)</u>															
(7)															
(8)															
(9)															
(10)															
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

Schedule R (Form 990) 2011

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Part VII Supplemental Information

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

Schedule R (Form 990) 2011