

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

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

A For the 2000 calendar year, OR tax year period beginning 07/01, 2000, and ending 06/30/2001

B Check if applicable:

☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return

 Please use IRS label or print or type See Specific Instructions
 Amend return

C Name of organization

CANCER CARE, INC.

Number and street (or P O box if mail is not delivered to street address)

Room/suite

275 SEVENTH AVENUE

City or town state or country and ZIP code

NEW YORK, NY 10001

D Employer identification number

13-1825919

E Telephone number

(212) 712-8400

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c)(3) (insert no) 527 OR 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶
 K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: (H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See inst.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

| | | | | | | | | | | | |
|------------|--|---|--------|------------|-------------|----------|----------|----------|--|-------------|-------------|
| Revenue | 1 | Contributions, gifts, grants and similar amounts received | STMT 1 | 1a | 15,370,473. | 1b | 529,609. | 1c | | 1d | 15,900,082. |
| | a | Direct public support | | | | | | | | | |
| | b | Indirect public support | | | | | | | | | |
| | c | Government contributions (grants) | | | | | | | | | |
| | d | Total (add lines 1a through 1c) (cash \$ 15,900,082. noncash \$) | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts (from Part VII line 93) | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | |
| | 4 | Interest on savings and temporary cash investments | | | | | | | | | 50,636. |
| | 5 | Dividends and interest from securities | | | | | | | | | 154,778. |
| | 6a | Gross rents | | | | | | | | | |
| 6b | Less rental expenses | | | | | | | | | | |
| 6c | Net rental income or (loss) (subtract line 6b from line 6a) | | | | | | | | | | |
| 7 | Other investment income (describe ▶) | | | | | | | | | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | | | | | | |
| 8b | Less cost or other basis and sales expenses | 4,377,197. | 8a | | | | | | | | |
| 8c | Gain or (loss) (attach schedule) STMT 1A | 4,162,784. | 8b | | | | | | | | |
| 8d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 214,413. | 8c | | | | | | | 214,413. | |
| 9 | Special events and activities (attach schedule) | | | | | | | | | | |
| a | Gross revenue (not including \$ 2,084,463. of contributions reported on line 1a) | STMT 2 | 9a | 1,507,792. | 9b | 785,572. | 9c | 722,220. | | | |
| b | Less direct expenses other than fundraising expenses | | | | | | | | | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | STMT 3 | 10a | 886,456. | 10b | 607,138. | 10c | 279,318. | | | |
| b | Less cost of goods sold | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | | | | | | | | |
| 11 | Other revenue (from Part VII, line 103) | | | | | | | | | 62,758. | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | | | | | | | 17,384,205. | |
| Expenses | 13 | Program services (from line 44, column (B)) | | | | | | | | 11,262,435. | |
| | 14 | Management and general (from line 44, column (C)) | | | | | | | | 764,563. | |
| | 15 | Fundraising (from line 44, column (D)) | | | | | | | | 2,769,164. | |
| | 16 | Payments to affiliates (attach schedule) | | | | | | | | | |
| | 17 | Total expenses (add lines 13 and 14, column (A)) | | | | | | | | 14,796,162. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | | | | | | 2,588,043. | |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | | | | | | 11,984,866. | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | STMT 4 | | | | | | | -1,070,942. | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | | | | | | 13,501,967. | |

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form 990 (2000)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|-------------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) | | | | |
| (cash \$ <u>NONE</u> noncash \$ <u>NONE</u>) | 22 | <u>NONE</u> | <u>NONE</u> | | |
| 23 | Specific assistance to individuals (attach schedule) | 3,135,618. | 3,135,618. | STMT 5 | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc | 488,980. | 279,304. | 114,817. | 94,859. |
| 26 | Other salaries and wages | 3,887,647. | 3,085,352. | 247,784. | 554,511. |
| 27 | Pension plan contributions | 177,979. | 138,200. | 16,074. | 23,705. |
| 28 | Other employee benefits | 666,890. | 511,801. | 55,571. | 99,518. |
| 29 | Payroll taxes | 313,285. | 242,855. | 25,575. | 44,855. |
| 30 | Professional fundraising fees | 347,505. | NONE | NONE | 347,505. |
| 31 | Accounting fees | 53,525. | NONE | 53,525. | NONE |
| 32 | Legal fees | 48,602. | NONE | NONE | 48,602. |
| 33 | Supplies | 93,528. | 64,685. | 11,191. | 17,652. |
| 34 | Telephone | 606,121. | 554,586. | 16,303. | 35,232. |
| 35 | Postage and shipping | 757,879. | 338,380. | 3,772. | 415,727. |
| 36 | Occupancy | 1,102,405. | 891,653. | 75,549. | 135,203. |
| 37 | Equipment rental and maintenance | 156,184. | 116,715. | 16,938. | 22,531. |
| 38 | Printing and publications | 739,602. | 412,506. | 4,934. | 322,162. |
| 39 | Travel | 67,409. | 50,505. | 4,073. | 12,831. |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | 10,796. | 8,353. | 983. | 1,460. |
| 42 | Depreciation, depletion, etc (attach schedule) ^{STMT 9A} | 266,567. | 205,284. | 20,366. | 40,917. |
| 43 | Other expenses (itemize) a <u>STMT 6</u> | 1,875,640. | 1,226,638. | 97,108. | 551,894. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 44 | Total functional expenses (add lines 22 through 43) ^{STMT 9A} Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 14,796,162. | 11,262,435. | 764,563. | 2,769,164. |

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,423,000. (ii) the amount allocated to Program services \$ 249,000. (iii) the amount allocated to Management and general \$ NONE, and (iv) the amount allocated to Fundraising \$ 1,174,000.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)What is the organization's primary exempt purpose? SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

| | | | |
|---|--|--|-------------|
| a | <u>SEE STATEMENT 8</u> | (Grants and allocations \$ <u>NONE</u>) | 7,921,500. |
| b | <u>SEE STATEMENT 8</u> | (Grants and allocations \$ <u>NONE</u>) | 1,421,643. |
| c | <u>SEE STATEMENT 8</u> | (Grants and allocations \$ <u>NONE</u>) | 1,919,292. |
| d | | (Grants and allocations \$ <u>NONE</u>) | |
| e | Other program services (attach schedule) | (Grants and allocations \$ <u>NONE</u>) | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | | 11,262,435. |

Part IV Balance Sheets (See Specific Instructions on page 23)

| Note | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-----|--------------------|
| 45 | Cash - non-interest-bearing | 259,391. | 45 | 550,466. |
| 46 | Savings and temporary cash investments | 1,526,337. | 46 | 3,092,647. |
| 47a | Accounts receivable | | | |
| b | Less allowance for doubtful accounts | | 47c | |
| 48a | Pledges receivable | 2,627,493. | | |
| b | Less allowance for doubtful accounts | NONE | 48c | 2,627,493. |
| 49 | Grants receivable | | 49 | |
| 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| 51a | Other notes and loans receivable (attach schedule) | | | |
| b | Less allowance for doubtful accounts | | 51c | |
| 52 | Inventories for sale or use | 110,000. | 52 | 55,000. |
| 53 | Prepaid expenses and deferred charges | 224,640. | 53 | 302,889. |
| 54 | Investments - securities (attach schedule) STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 8,645,309. | 54 | 7,914,131. |
| 55a | Investments - land, buildings, and equipment basis | | | |
| b | Less accumulated depreciation (attach schedule) | | 55c | |
| 56 | Investments - other (attach schedule) | | 56 | |
| 57a | Land, buildings, and equipment basis | 2,109,837. | | |
| b | Less accumulated depreciation (attach schedule) SEE STATEMENT 9A | 608,539. | 57c | 1,501,298. |
| 58 | Other assets (describe <input type="checkbox"/>) | | 58 | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 14,421,827. | 59 | 16,043,924. |
| 60 | Accounts payable and accrued expenses | 1,529,693. | 60 | 1,534,541. |
| 61 | Grants payable | | 61 | |
| 62 | Deferred revenue | 218,937. | 62 | 146,425. |
| 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| b | Mortgages and other notes payable (attach schedule) | | 64b | |
| 65 | Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10) | 688,331. | 65 | 860,991. |
| 66 | Total liabilities (add lines 60 through 65) | 2,436,961. | 66 | 2,541,957. |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| 67 | Unrestricted | 8,829,340. | 67 | 8,190,469. |
| 68 | Temporarily restricted | 3,068,028. | 68 | 5,224,000. |
| 69 | Permanently restricted | 87,498. | 69 | 87,498. |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | |
| 70 | Capital stock, trust principal, or current funds | | 70 | |
| 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 11,984,866. | 73 | 13,501,967. |
| 74 | Total liabilities and net assets/fund balances (add lines 66 and 73) | 14,421,827. | 74 | 16,043,924. |

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

| | |
|---|----------------------|
| a Total revenue, gains, and other support per audited financial statements | a 16,313,263. |
| b Amounts included on line a but not on line 12, Form 990 | |
| (1) Net unrealized gains on investments \$ -1,070,942. | |
| (2) Donated services and use of facilities \$ | |
| (3) Recoveries of prior year grants \$ | |
| (4) Other (specify) | |
| \$ | |
| Add amounts on lines (1) through (4) | b -1,070,942. |
| c Line a minus line b | c 17,384,205. |
| d Amounts included on line 12, Form 990 but not on line a | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | |
| (2) Other (specify) | |
| \$ | |
| Add amounts on lines (1) and (2) | d |
| e Total revenue per line 12, Form 990 (line c plus line d) | e 17,384,205. |

| | |
|---|----------------------|
| a Total expenses and losses per audited financial statements | a 14,796,162. |
| b Amounts included on line a but not on line 17, Form 990 | |
| (1) Donated services and use of facilities \$ | |
| (2) Prior year adjustments reported on line 20, Form 990 \$ | |
| (3) Losses reported on line 20 Form 990 \$ | |
| (4) Other (specify) | |
| \$ | |
| Add amounts on lines (1) through (4) | b |
| c Line a minus line b | c 14,796,162. |
| d Amounts included on line 17, Form 990 but not on line a | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | |
| (2) Other (specify) | |
| \$ | |
| Add amounts on lines (1) and (2) | d |
| e Total expenses per line 17, Form 990 (line c plus line d) | e 14,796,162. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| SEE STATEMENT 10A FOR LIST OF OFFICERS | 2 TO 3 | NONE | NONE | NONE |
| SEE STATEMENT 10B FOR LIST OF TRUSTEES | 1 | NONE | NONE | NONE |
| SEE STATEMENT 10C FOR LIST OF KEY EMPLOYEES | 40 | 488,980. | 26,726. | NONE |
| | | | | |
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75 Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If "Yes," attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

| | Yes | No |
|--|-----|------------------|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 77 | X |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | N/A |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | |
| 81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a | NONE |
| b Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) | 82b | NOT DETERMINABLE |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A |
| 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/A |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c Dues, assessments, and similar amounts from members | 85c | N/A |
| d Section 162(e) lobbying and political expenditures | 85d | N/A |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g | N/A |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a | N/A |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A |
| 88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE | | |
| b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | N/A |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | N/A |
| 90 a List the states with which a copy of this return is filed <input type="checkbox"/> ALL STATES REQUIRING REGISTRATION | | |
| b Number of employees employed in the pay period that includes March 12, 2000 (See inst.) | 90b | 105 |
| 91 The books are in care of <input type="checkbox"/> JOHN RUTIGLIANO Telephone no <input type="checkbox"/> (212) 712-8400 | | |
| Located at <input type="checkbox"/> 275 SEVENTH AVENUE, NEW YORK, NEW YORK ZIP code <input type="checkbox"/> 10001 | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | N/A |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 50,636. | |
| 96 Dividends and interest from securities | | | 14 | 154,778. | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 214,413. | |
| 101 Net income or (loss) from special events | | | 01 | 722,220. | |
| 102 Gross profit or (loss) from sales of inventory | | | 05 | 279,318. | |
| 103 Other revenue a | | | | | |
| b MISCELLANEOUS | | | 01 | 62,758. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 1,484,123. | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | 1,484,123. | |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

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

NOT APPLICABLE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

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

I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge.

11-3-02

Date

John RUTIGLIANO

DIRECTOR OF FINANCE AND ADMINISTRATION

Type or print name and title

ISTRATION

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

OMB No 1545-0047

2000

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

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

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

| (a) Name and address of each employee paid more than \$50 000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| <u>PRISCILLA HARTUNG</u> C/O CCI 275 7TH AVENUE, NY, NY 10001 | DIR. - SOCIAL SVCS. | 94,890. | 5,597. | NONE |
| <u>KAREN COLIMORE</u> C/O CCI 275 7TH AVENUE, NY, NY 10001 | EXEC. DIRECTOR - NJ | 86,528. | 3,755. | NONE |
| <u>CAROLYN MESSNER</u> C/O CCI 275 7TH AVENUE, NY, NY 10001 | DIRECTOR - EDUCATION | 77,000. | 4,108. | NONE |
| <u>JANE MACDONALD</u> C/O CCI 275 7TH AVENUE, NY, NY 10001 | EXEC. DIRECTOR - CT | 76,814. | 3,396. | NONE |
| <u>SUSAN GROBER</u> C/O CCI 275 7TH AVENUE, NY, NY 10001 | DIRECTOR - RESEARCH | 76,500. | NONE | NONE |
| Total number of other employees paid over \$50 000 ▶ | 19 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than \$50 000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| <u>ONCOLOGY EDUCATION SERVICE, INC.</u> 501 HOLIDAY DRIVE, PITTSBURG, PA 15220 | PUBLIC RELATIONS | 511,018. |
| <u>PROJECTS PLUS, INC.</u> 145 WEST 45TH STREET, NEW YORK, NY 10036 | EVENT PLANNERS | 136,702. |
| <u>SANKY PERLOWIN ASSOCIATES, INC.</u> 1501 BROADWAY, NEW YORK, NY 10036 | DIRECT MAIL | 122,001. |
| <u>PUBLIC INTEREST DATA, INC.</u> 1800 DIABONAL ROAD, ALEXANDRIA, VA 22314 | DATA PROCESSING | 91,581. |
| <u>GELMAR, LTD.</u> 10 CHABLIS DRIVE, DIX HILLS, NY 11746 | PROFESS. FUNDRAISER | 88,803. |
| Total number of others receiving over \$50,000 for professional services ▶ | 3 | |

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

| | Yes | No |
|---|------|---------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>3,000.</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | 1 X | |
| 2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 11 | 2d X | |
| e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | 2e | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 X | |
| 4a Do you have a section 403(b) annuity plan for your employees? | 4a X | |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | STMT 12 |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |
| | |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

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

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|---|--|-------------|-------------|-------------|------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 11,398,659. | 9,346,524. | 8,030,899. | 7,048,678. | 35,824,760. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose | 3,349,059. | 3,412,554. | 4,049,639. | 3,698,400. | 14,509,652. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 260,595. | 247,439. | 173,476. | 416,028. | 1,097,538. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | 63,549. | 73,743. | 62,006. | 47,939. | 247,237. |
| 23 Total of lines 15 through 22 | 15,071,862. | 13,080,260. | 12,316,020. | 11,211,045. | 51,679,187. |
| 24 Line 23 minus line 17 | 11,722,803. | 9,667,706. | 8,266,381. | 7,512,645. | 37,169,535. |
| 25 Enter 1% of line 23 | 150,719. | 130,803. | 123,160. | 112,110. | |
| 26 Organizations described in lines 10 or 11 | a Enter 2% of amount in column (e), line 24 | | | | |
| | | | | | 26a 743,391. |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts | | | STMT 13 | | 26b 4,469,072. |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | | | | | 26c 371,695,355. |
| d Add Amounts from column (e) for lines 18 1,097,538. 19 | | | | | |
| 22 247,237. 26b | | | | | 26d 5,813,847. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 313,556,888. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 84.3586 % |
| 27 Organizations described on line 12 | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year | | | | |
| | (1999) | (1998) | (1997) | (1996) | |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year | (1999) | (1998) | (1997) | (1996) | |
| c Add Amounts from column (e) for lines 15 16 | 17 | 20 | 21 | | 27c |
| d Add Line 27a total and line 27b total | | | | | 27d |
| e Public support (line 27c total minus line 27d total) | | | | | 27e |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) | | | | | 27f |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h % |
| 28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) | | | | | |

Part V**Private School Questionnaire** (See page 5 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)**NOT APPLICABLE**

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | |
| b Admissions policies? | | |
| c Employment of faculty or administrative staff? | | |
| d Scholarships or other financial assistance? | | |
| e Educational policies? | | |
| f Use of facilities? | | |
| g Athletic programs? | | |
| h Other extracurricular activities? | | |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)**NOT APPLICABLE**

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|----------------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| Lobbying nontaxable amount | | | | | |
| 45 | | | | | |
| Lobbying ceiling amount | | | | | |
| 46 (150% of line 45(e)) | | | | | |
| Total lobbying expenditures | | | | | |
| Grassroots nontaxable amount | | | | | |
| 48 | | | | | |
| Grassroots ceiling amount | | | | | |
| 49 (150% of line 48(e)) | | | | | |
| Grassroots lobbying expenditures | | | | | |
| 50 | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

SEE STATEMENT 14

| Yes | No | Amount |
|-----|----|--------|
| | X | |
| | X | |
| | X | |
| | X | |
| X | | 3,000. |
| | X | |
| | X | |
| | X | |
| | | 3,000. |

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

| | Yes | No |
|--------|-----|----|
| 51a(i) | | X |
| a(ii) | | X |
| b(i) | | X |
| b(ii) | | X |
| b(iii) | | X |
| b(iv) | | X |
| b(v) | | X |
| b(vi) | | X |
| c | | X |

- (i) Cash
- (ii) Other assets
- b Other transactions**
- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees**
- (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d. If the answer to any of the above is "Yes" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

Employer identification number

CANCER CARE, INC.

13-1825919

Organization type (check only one) - Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious-charitable, etc. purpose: \$

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

CANCER CARE, INC.

13-1825919

Part I Contributors

| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
|-----------|-----------------------------------|--------------------------------|--|
| <u>1</u> | | <u>3,130,000.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>2</u> | | <u>1,150,000.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>3</u> | | <u>588,620.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>4</u> | | <u>529,609.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>5</u> | | <u>416,667.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| <u>6</u> | | <u>375,000.</u> | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |

Name of organization

Employer identification number

CANCER CARE, INC.**13-1825919****Part I** Contributors

| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
|-----------|-----------------------------------|--------------------------------|--|
| 7 | OTHER CONTRIBUTIONS | 9,710,186. | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |

Cancer Care, Inc.
Gifts which Exceed 2% of Support
For the Fiscal Year Ended June 30, 2001

| Donor | Amount | Amount on Line 26a | Remaining Amount to Line 26b |
|--------------|------------------|-------------------------------|---|
| | 2,758,948 | 743,391 | 2,015,557 |
| | 2,100,000 | 743,391 | 1,356,609 |
| | 1,401,886 | 743,391 | 658,495 |
| | 1,075,538 | 743,391 | 332,147 |
| | 849,655 | 743,391 | 106,264 |
| | 8,186,027 | 3,716,955 | 4,469,072 |

Cancer Care, Inc
Special Events and Activities
For the Fiscal Year Ended June 30, 2001

| Event | Included in Line 1a | | Line 9a | Line 9b | Line 9c |
|-----------------------------|---------------------|----------------------|-------------------------------|-------------------------------|-----------------|
| | Gross Income | Contribution Portion | Special Events and Activities | Direct Benefit to Donor Costs | Net |
| | 838,193 | 140,113 | 698,080 | 130,132 | 567,948 |
| | 308,691 | 236,341 | 72,350 | 65,307 | 7,043 |
| | 50,652 | 50,652 | 0 | 10 | (10) |
| | 75,535 | 16,980 | 58,555 | 37,624 | 20,931 |
| | 58,540 | 12,425 | 46,115 | 22,429 | 23,686 |
| | 25,721 | 5,596 | 20,125 | 1,429 | 18,696 |
| | 22,014 | 5,493 | 16,521 | 10,400 | 6,121 |
| | 6,455 | 5,345 | 1,110 | 500 | 610 |
| | 5,000 | 5,000 | 0 | 0 | 0 |
| Total | 1,390,801 | 477,945 | 912,856 | 287,831 | 645,025 |
| | 168,443 | 95,693 | 72,750 | 31,216 | 41,534 |
| | 76,851 | 61,447 | 15,404 | 2,288 | 13,116 |
| | 92,425 | 21,000 | 71,425 | 47,185 | 24,240 |
| | 43,145 | 43,145 | 0 | 5,211 | (5,211) |
| | 48,173 | 21,205 | 26,968 | 12,667 | 14,301 |
| | 72,428 | 30,828 | 41,600 | 41,869 | (269) |
| Gelman Theater Benefit | 118,404 | 0 | 118,404 | 88,803 | 29,601 |
| | 29,384 | 29,384 | 0 | 288 | (288) |
| | 54,943 | 45,793 | 9,150 | 28,426 | (19,276) |
| | 13,943 | 10,305 | 3,638 | 1,226 | 2,412 |
| | 6,610 | 2,400 | 4,210 | 100 | 4,110 |
| | 4,269 | 4,269 | 0 | 0 | 0 |
| | 4,005 | 4,005 | 0 | 0 | 0 |
| | 310 | 280 | 30 | 0 | 30 |
| Total | 733,333 | 369,754 | 363,579 | 259,279 | 104,300 |
| | 247,500 | 204,000 | 43,500 | 45,411 | (1,911) |
| | 124,065 | 123,940 | 125 | 1,373 | (1,248) |
| | 189,168 | 182,518 | 6,650 | 67,422 | (60,772) |
| | 50,636 | 42,036 | 8,600 | 6,339 | 2,261 |
| | 38,460 | 38,460 | 0 | 145 | (145) |
| | 29,311 | 21,886 | 7,425 | 4,047 | 3,378 |
| | 29,452 | 21,427 | 8,025 | 5,481 | 2,544 |
| | 29,937 | 26,180 | 3,757 | 12,540 | (8,783) |
| | 4,170 | 4,170 | 0 | 0 | 0 |
| | 315 | 315 | 0 | 0 | 0 |
| | 150 | 150 | 0 | 0 | 0 |
| Total | 743,164 | 665,082 | 78,082 | 142,758 | (64,676) |
| | 226,750 | 110,800 | 115,950 | 41,387 | 74,563 |
| | 162,339 | 162,339 | 0 | 1,406 | (1,406) |
| | 104,997 | 102,997 | 2,000 | 38,732 | (36,732) |
| | 38,534 | 18,529 | 20,005 | 3,988 | 16,017 |
| | 38,336 | 26,276 | 12,060 | 10,465 | 1,595 |
| | 8,580 | 6,080 | 2,500 | 5,680 | (3,180) |
| Young Professionals | 760 | 0 | 760 | 295 | 465 |
| Total | 580,296 | 427,021 | 153,275 | 101,953 | 51,322 |
| | 144,661 | 144,661 | 0 | 13,751 | (13,751) |
| Total Special Events | 3,592,255 | 2,084,463 | 1,507,792 | 785,572 | 722,220 |

Cancer Care, Inc
Contributions, Gifts and Grants
For the Fiscal Year Ended June 30, 2001

| | Total | Direct | Indirect |
|---------------------------------------|-------------------|-------------------|-----------------|
| Foundations and Corporations | 8,228,187 | 8,228,187 | 0 |
| Special Events (Contribution Portion) | 2,084,463 | 2,084,463 | 0 |
| Legacies and Bequests | 2,223,512 | 2,223,512 | 0 |
| Direct Marketing | 1,895,348 | 1,895,348 | |
| | 594,237 | 64,628 | 529,609 |
| Other Individual Contributions | 874,335 | 874,335 | 0 |
| | 15,900,082 | 15,370,473 | 529,609 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions | Name or Exempt Organization Cancer Care, Inc | Employer identification number 13-1825919 |
| | Number, street, and room or suite no. If a P O box, see instructions 275 Seventh Avenue | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions New York, New York 10001 | |
| | | |

Check type of return to be filed (file a separate application for each return)

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover

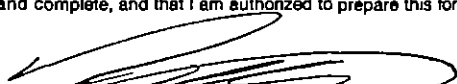
I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until February 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year 20 01 or ☒ tax year beginning July 1, 20 00, and ending June 30, 20 01

2 If this tax year 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 or 990-T, enter any refundable credits and 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► CPA as authorized agent Date ► 1/12/02

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12 2000)

Cancer Care, Inc
Gross Profit (Loss) from Sales of Inventory - Thrift Shops
For the Fiscal Year Ended June 30, 2001

| | Total | Thrift Shop New York | Thrift Shop Long Island |
|--|----------------|-------------------------|----------------------------|
| Revenue | | | |
| Gross Sales | 886,456 | 776,429 | 110,027 |
| Salaries | | | |
| Salaries | 217,232 | 185,385 | 31,847 |
| Temporary Services | 70,321 | 54,841 | 15,480 |
| Total Salaries | 287,553 | 240,226 | 47,327 |
| Employee Benefits | | | |
| Payroll Taxes | 20,787 | 17,715 | 3,072 |
| Employee Benefits | 43,711 | 31,222 | 12,489 |
| Pension Expense | 13,015 | 9,296 | 3,719 |
| Total Employee Benefits | 77,513 | 58,233 | 19,280 |
| Direct Expenses | | | |
| Professional Fees | 19,043 | 17,540 | 1,503 |
| Postage and Shipping | 12,821 | 12,439 | 382 |
| Telephone | 13,596 | 10,452 | 3,144 |
| Occupancy - Sattelites + Shops | 162,233 | 112,814 | 49,419 |
| Supplies | 4,374 | 3,476 | 898 |
| Printing and Publications | 413 | 406 | 7 |
| Equipment Costs | 477 | 162 | 315 |
| Staff and Volunteer Support | 659 | 605 | 54 |
| Meetings | 11 | 0 | 11 |
| Local Transportation | 174 | 51 | 123 |
| Marketing and Promotion | 7,757 | 1,118 | 6,639 |
| Taxes | 3,463 | 3,031 | 432 |
| Insurance | 15,315 | 14,054 | 1,261 |
| Interest and Bank Charges | 1,710 | 565 | 1,145 |
| Miscellaneous | 26 | 26 | 0 |
| Total Direct Expenses | 242,072 | 176,739 | 65,333 |
| Total Expenses | 607,138 | 475,198 | 131,940 |
| Gross Profit (Loss) from Sales of Inventory | 279,318 | 301,231 | (21,913) |

Cancer Care, Inc.
Other Changes in Net Assets or Fund Balances
For the Fiscal Year Ended June 30, 2001

To adjust unrestricted fund balance by the unrealized gain on investments of \$1,070,942 which was recorded under FASB guidelines for audit purposes but is excluded for form 990 revenue reporting

Cancer Care, Inc
Specific Assistance to Individuals
For the Fiscal Year Ended June 30, 2001

Amount

Cancer can have a devastating impact on a person's financial well being. Costs related to medical treatment, pain medication, transportation, homecare and childcare can be overwhelming. Cancer Care's Financial Assistance Program aims to alleviate some of the above costs through the provision of short term financial grants as well as social work counseling to assist clients in securing other available funds and entitlements.

3,135,618

Cancer Care, Inc
Other Expenses
For the Fiscal Year Ended June 30, 2001

| | Total | Program Services | Management and General | Fundraising |
|-----------------------------------|------------------|-----------------------------|-----------------------------------|--------------------|
| Contract Services | 1,660,730 | 1,096,382 | 71,814 | 492,534 |
| Staff / Volunteer Training | 46,108 | 27,626 | 8,873 | 9,609 |
| Marketing and Promotion | 37,723 | 9,344 | 0 | 28,379 |
| Insurance | 58,569 | 46,450 | 4,049 | 8,070 |
| Other | 72,510 | 46,836 | 12,372 | 13,302 |
| | 1,875,640 | 1,226,638 | 97,108 | 551,894 |

Cancer Care, Inc.

Mission Statement

Since 1944, Cancer Care has been dedicated to providing emotional support, information, and practical help to people with cancer and their loved ones. As the oldest and largest national non-profit agency devoted to offering professional services, Cancer Care has helped over two million people nationwide through its telephone counseling, referral services, teleconference programs, its office-based services, and via the Internet. All services are provided free of charge and are available to people of all ages, with all types of cancer, at any stage of the disease. Cancer Care's reach, including its cancer awareness initiatives, also extends to family members, caregivers, and professionals, providing vital information and assistance.

Cancer Care, Inc.
Statement of Program Service Accomplishments
As of June 30, 2001

| | Grants and Allocations | Expenses |
|---|-----------------------------------|-------------------|
| <i>Social Services</i> | | |
| Cancer Care is a National Organization that provides free professional help to people with all types of cancers through counselling, information and referral and direct financial assistance | 0 | 7,921,500 |
| <i>Education and Information</i> | | |
| Cancer Care educates its clients, medical providers and care givers through topical teleconferencing, workshops and work place seminars Cancer Care also maintains an extensive website -- www.cancercare.org | 0 | 1,421,643 |
| <i>Community Services</i> | | |
| Cancer Care provides an array of community service information events and awareness campaigns regarding all types of cancers both to its social service clients and the public | 0 | 1,919,292 |
| | 0 | 11,262,435 |

Cancer Care, Inc
Investments - Securities
For the Fiscal Year Ended June 30, 2001

| Investment Manager | Cash | Treasuries | Stocks | Mutual Funds | Total |
|--|------------------|-------------------|------------------|---------------------|------------------|
| Cost Basis | | | | | |
| W P Stewart | 57,728 | 0 | 2,850,191 | 0 | 2,907,919 |
| Bank of New York - Hamilton Fund | 1,995,732 | 0 | 0 | 0 | 1,995,732 |
| Bank of New York - Fixed Income Account | 422,838 | 0 | 0 | 1,483,473 | 1,906,311 |
| Bank of New York - Omnibus Gift Clearing Account | 2,290 | 0 | 0 | 0 | 2,290 |
| Bank of New York - Annuity Investment Account | 7,957 | 712,536 | 0 | 0 | 720,493 |
| | 2,486,545 | 712,536 | 2,850,191 | 1,483,473 | 7,532,745 |
| Fair Value | | | | | |
| W P Stewart | 57,728 | 0 | 2,850,191 | 357,745 | 3,265,664 |
| Bank of New York - Hamilton Fund | 1,995,732 | 0 | 0 | 0 | 1,995,732 |
| Bank of New York - Fixed Income Account | 422,838 | 0 | 0 | 1,505,039 | 1,927,877 |
| Bank of New York - Omnibus Gift Clearing Account | 2,290 | 0 | 0 | 0 | 2,290 |
| Bank of New York - Annuity Investment Account | 7,957 | 714,611 | 0 | 0 | 722,568 |
| | 2,486,545 | 714,611 | 2,850,191 | 1,862,784 | 7,914,131 |
| Cumulative Unrealized Gain (Loss) | | | | | |
| W P Stewart | 0 | 0 | 0 | 357,745 | 357,745 |
| Bank of New York - Hamilton Fund | 0 | 0 | 0 | 0 | 0 |
| Bank of New York - Fixed Income Account | 0 | 0 | 0 | 21,566 | 21,566 |
| Bank of New York - Omnibus Gift Clearing Account | 0 | 0 | 0 | 0 | 0 |
| Bank of New York - Annuity Investment Account | 0 | 2,075 | 0 | 0 | 2,075 |
| | 0 | 2,075 | 0 | 379,311 | 381,386 |

Cancer Care, Inc
Schedule of Depreciable Assets
For the Fiscal Year Ended June 30, 2001

| Property Description | Date in Service | Depreciation Method | Years | Beginning Balance | Purchases | Retirements | Depreciation | Ending Balance |
|-------------------------|-----------------|---------------------|---------------|-------------------|----------------|-------------|--------------|------------------|
| Cost | | | | | | | | |
| Leasehold Improvements | 2000 | Straight Line | Life of Lease | 541,803 | 55,928 | 0 | 0 | 597,731 |
| Furniture and Equipment | 1993 - 2000 | Straight Line | 7 | 579,348 | 106,805 | 0 | 0 | 686,153 |
| Telephone Equipment | 1993 - 2000 | Straight Line | 7 | 338,478 | 17,902 | 0 | 0 | 356,380 |
| Computer Equipment | 1995 - 2000 | Straight Line | 5 | 394,479 | 75,094 | 0 | 0 | 469,573 |
| Total Cost | | | | 1,854,108 | 255,729 | 0 | 0 | 2,109,837 |

Accumulated Depreciation

| | | | | | | | | |
|---------------------------------------|-------------|---------------|---------------|----------------|----------|----------|----------------|----------------|
| Leasehold Improvements | 2000 | Straight Line | Life of Lease | 33,865 | 0 | 0 | 40,454 | 74,319 |
| Furniture and Equipment | 1993 - 2000 | Straight Line | 7 | 93,852 | 0 | 0 | 89,515 | 183,367 |
| Telephone Equipment | 1993 - 2000 | Straight Line | 7 | 123,032 | 0 | 0 | 49,503 | 172,535 |
| Computer Equipment | 1995 - 2000 | Straight Line | 5 | 91,223 | 0 | 0 | 87,095 | 178,318 |
| Total Accumulated Depreciation | | | | 341,972 | 0 | 0 | 266,567 | 608,539 |

Net Book Balance

| | | | | | | | | |
|-------------------------------|-------------|---------------|---------------|------------------|----------------|----------|------------------|------------------|
| Leasehold Improvements | 2000 | Straight Line | Life of Lease | 507,938 | 55,928 | 0 | (40,454) | 523,412 |
| Furniture and Equipment | 1993 - 2000 | Straight Line | 7 | 485,496 | 106,805 | 0 | (89,515) | 502,786 |
| Telephone Equipment | 1993 - 2000 | Straight Line | 7 | 215,446 | 17,902 | 0 | (49,503) | 183,845 |
| Computer Equipment | 1995 - 2000 | Straight Line | 5 | 303,256 | 75,094 | 0 | (87,095) | 291,255 |
| Total Net Book Balance | | | | 1,512,136 | 255,729 | 0 | (266,567) | 1,501,298 |

Cancer Care, Inc.
Other Liabilities
For the Fiscal Year Ended June 30, 2001

| | June 30, 2001 | June 30, 2000 |
|-------------------|----------------------|----------------------|
| Deferred Rent | 534,161 | 439,834 |
| Annuities Payable | 326,830 | 248,497 |
| | 860,991 | 688,331 |

Cancer Care, Inc
List of Officers, Directors and Key Employees
For the Fiscal Period Ended June 30, 2000

| Name / Address | Title and average hours per week devoted to position | Compensation | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|--|---|---------------------|--|---|
| Officers | | | | |
| Samuel Turner Bennett Turner & Coleman 1900 K Street NW Washington, DC 20006 | President | 0 | 0 | 0 |
| Paul Friedman Senior Managing Director Bear Stearns & Co 245 Park Avenue New York, New York 10167 | Chairman of the Executive Committee | 0 | 0 | 0 |
| Weslie Janeway 1 West 72nd Street New York, New York 10023-3418 | Senior Vice President | 0 | 0 | 0 |
| Audrey Boughton 993 Park Avenue New York New York 10028 | Vice President | 0 | 0 | 0 |
| Annie Overholser 175 East 79th Street New York New York 10021 | Vice President | 0 | 0 | 0 |
| Peter Stalker, III 603 Smith Ridge Road New Canaan, Connecticut 06840 | Treasurer | 0 | 0 | 0 |
| Carolyn C Lynch Six Beechwood Way Scarborough, New York 10510 | Secretary | 0 | 0 | 0 |

Cancer Care, Inc
List of Officers, Directors and Key Employees
For the Fiscal Period Ended June 30, 2000

| Name / Address | Title and average hours per week devoted to position | Compensation | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---|--|--------------|--|--|
| Trustees | | | | |
| Thomas A Andruskevich President and Chief Executive Officer | | 0 | 0 | 0 |
| Henry Birks & Sons, Inc Birks Jewellers, Inc 1240 Phillips Square Montreal, Quebec H3B 3H4 CANADA | | | | |
| Joseph Bailes, MD Executive VP Clinical Affairs US Oncology 16825 Northchase, Suite 1300 Houston, TX 77060 | | 0 | 0 | 0 |
| Paul F Balser Generation Partners 551 Fifth Avenue New York, New York 10176 | | 0 | 0 | 0 |
| Adrienne Cleere 170 East 77th Street New York, New York 10021 | | 0 | 0 | 0 |
| Lyman Delano Senior Vice President Williams Jones & Associates, Inc 717 Fifth Avenue New York, New York 10022 | | 0 | 0 | 0 |
| Margaret R Diaz-Cruz, ACSW 400 East 89th Street New York, New York 10128 | | 0 | 0 | 0 |
| F Allen Donofrio 40 Longview Avenue Randolf New Jersey 07869 | | 0 | 0 | 0 |
| Frank Doroff Executive Vice President / GMM Bloomingdale's 1000 Third Avenue New York, New York 10022 | | 0 | 0 | 0 |
| Timothy M Dwyer 595 Smith Ridge Road New Canaan, Connecticut 06840 | | 0 | 0 | 0 |
| Fred D Fine Bobrow Greenapple & Skolnik 630 Third Avenue New York, New York 10017 | | 0 | 0 | 0 |
| John A Gentile, Jr 28 Pine Drive Woodbury, NY 11797 | | 0 | 0 | 0 |
| Ann Maynard Gray 1262 Rocknmon Road Stamford, Connecticut 06903 | | 0 | 0 | 0 |

Cancer Care, Inc
List of Officers, Directors and Key Employees
For the Fiscal Period Ended June 30, 2000

| Name / Address | Title and average hours per week devoted to position | Compensation | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---|---|---------------------|--|---|
| Louis A. Guzzetti, Jr 90 Ferris Hill Road New Canaan, Connecticut 06840 | | 0 | 0 | 0 |
| Don J. Hayden, Jr Executive Vice President e-Business and Strategy Bristol-Myers Squibb Company P O Box 4000 Princeton, New Jersey 08543-4000 | | 0 | 0 | 0 |
| C. Hugh Hildesley Executive Vice President of Client Development N & S A Sotheby's 1334 York Avenue New York, New York 10021 | | 0 | 0 | 0 |
| David A. Leiman 347 West 57th Street New York, New York 10019 | | 0 | 0 | 0 |
| Alan J. Milbauer V P External Affairs ZENECA Pharmaceuticals 1800 Concord Pike P O Box 15437 Wilmington, Delaware 19850-5437 | | 0 | 0 | 0 |
| Garry Nicholson Eli Lilly and Company Lilly Corporate Center Indianapolis, Indiana 46285 | | 0 | 0 | 0 |
| Marsha Palanci Comerstone Communications Ltd 575 Madison Avenue New York, New York 10022 | | 0 | 0 | 0 |
| William C. Pelster Skadden, Arps, Slate, Meagher & Flom Four Times Square New York New York 10036-6522 | | 0 | 0 | 0 |
| Sybil F. Resnik Eight Valentine Drive Albertson, New York 11507 | | 0 | 0 | 0 |
| Dorothy Schachne 175 Fairway View Drive Commack, New York 11725 | | 0 | 0 | 0 |
| Margaret M. Siegel 233 East 86th Street New York, New York 10028 | | 0 | 0 | 0 |
| Jan A. Sneed Senior Vice President Director of Corporate Affairs Grey Advertising 777 Third Avenue, 11th Floor New York, New York 10017 | | 0 | 0 | 0 |

Cancer Care, Inc
List of Officers, Directors and Key Employees
For the Fiscal Period Ended June 30, 2000

| Name / Address | Title and average hours per week devoted to position | Compensation | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|---|---|---------------------|--|---|
| David L. Stone President Stone Capital Advisors LLC 750 Lexington Avenue New York, New York 10022 | | 0 | 0 | 0 |
| James B. Swire Dorsey & Whitney 250 Park Avenue New York, New York 10177 | | 0 | 0 | 0 |
| Blanche Tall 2546 East 13th Street Brooklyn, New York 11235 | | 0 | 0 | 0 |
| Rabbi Burton L. Visotzky The Jewish Theological Seminary of America 3080 Broadway New York, New York 10027-4649 | | 0 | 0 | 0 |
| Debra Walton-Collings Managing Director Marketing and Client Services Cantor Fitzgerald One World Trade Center New York, New York 10048 | | 0 | 0 | 0 |
| Barbara Welch Tower Hill Road P O Box 6 Scarborough, New York 10510 | | 0 | 0 | 0 |

Cancer Care, Inc
List of Officers, Directors and Key Employees
For the Fiscal Period Ended June 30, 2000

| Name / Address | Title and average hours per week devoted to position | Compensation | Contributions to employee benefit plans and deferred compensation | Expense account and other allowances |
|--|---|---------------------|--|---|
| Key Employees | | | | |
| Diane Blum c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001 | Executive Director (40 hours) | 165,000 | 13,320 | 0 |
| Ellen Coleman c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001 | Associate Executive Director (40 hours) | 104,000 | 6,247 | 0 |
| John Rutigliano c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001 | Director of Finance and Administration (40 hours) | 116,882 | eligible 12/01 | 0 |
| Lanle Dommu c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001 | National Director of Development (40 hours) | 103,098 | 7,159 | |
| | | 488,980 | 26,726 | 0 |

Cancer Care, Inc.
Explanation of Line 2d
For the Fiscal Year Ended June 30, 2001

- See Form 990, Part V -

Cancer Care, Inc.
Statement of Grant Making Activity
For the Fiscal Year Ended June 30, 2001

Cancer Care provides financial assistance for the payment of cancer related expenses such as homecare, childcare and transportation, grants also include payments for the cost of medical treatment and pain medications. Financial assistance guidelines are based on a cap of liquid assets at three levels -- individuals, couples and families -- and an examination of income vis-à-vis basic expenses. There are no limits on income, however, most financial assistance clients operate at a net deficit. Additionally, there are no citizenship or residency requirements.

Cancer Care, Inc.
Lobbying Activities
For the Fiscal Year Ended June 30, 2001

| Description | Amount |
|--|--------|
| Cancer Care, Inc encourages it supporters and clients to contact their representative, through its "Legislative Alert" section of its Web site www.cancercares.org , on health policy matters that are important for people with cancer | 3,000 |