

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder 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 For the 2001 calendar year, or tax year beginning Jul 1, 2001, and ending Jun 30, 2002

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instruc-  
tions.

## C Name of organization

Cancer Care, Inc

Number street (or P.O. box if mail is not delivered to street addr) Room/suite

275 Seventh Avenue

City Town or Country

New York

State ZIP code + 4

NY 10001

## D Employer Identification Number

13-1825919

## E Telephone number

(212) 712-8400

## F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

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? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4 digit group GEN ▶

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: www.cancercare.org

J Organization type  
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 22,930,114

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	16,742,878		
b	Indirect public support	1b	549,874		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 11,777,223 noncash \$ 4,314,290)	1d		17,292,752	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		105,972	
5	Dividends and interest from securities	5		143,347	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	3,147,864	8a		
c	Gain or (loss) (attach schedule)	3,210,282	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	-62,418	8c		
8d				-62,418	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 1,856,079 of contributions reported on line 1a)	9a	1,403,299		
b	Less: direct expenses other than fundraising expenses	9b	785,962		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		617,337	
10a	Gross sales of inventory, less returns and allowances	10a	778,545		
b	Less: cost of goods sold	10b	485,993		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		292,552	
11	Other revenue (from Part VII, line 103)	11		58,335	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		18,447,877	
13	Program services (from line 44, column (B))	13		12,200,388	
14	Management and general (from line 44, column (C))	14		733,244	
15	Fundraising (from line 44, column (D))	15		2,296,986	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		15,230,618	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3,217,259	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		13,501,967	
20	Other changes in net assets or fund balances (attach explanation)	20		-130,413	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		16,588,813	

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FEB 02 2003

OGDEN, UT

FILED FEB 06 2003

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EXPENSES

ASSETS

913  
25

**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.

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23 3,635,787	3,635,787		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 533,664	304,082	102,540	127,042
26	Other salaries and wages	26 4,349,863	3,438,125	293,444	618,294
27	Pension plan contributions	27 176,642	106,827	38,693	31,122
28	Other employee benefits	28 715,663	560,492	42,212	112,959
29	Payroll taxes	29 339,856	298,498	7,879	33,479
30	Professional fundraising fees	30 205,443			205,443
31	Accounting fees	31 54,500		54,500	
32	Legal fees	32 48,078			48,078
33	Supplies	33 98,401	71,613	9,334	17,454
34	Telephone	34 527,110	486,977	10,951	29,182
35	Postage and shipping	35 630,606	370,283	2,756	257,567
36	Occupancy	36 1,097,159	884,898	70,850	141,411
37	Equipment rental and maintenance	37 199,997	153,150	18,379	28,468
38	Printing and publications	38 705,404	484,648	3,642	217,114
39	Travel	39 59,569	50,527	1,960	7,082
40	Conferences, conventions, and meetings	40			
41	Interest	41 5,251	229	21	5,001
42	Depreciation, depletion, etc (attach schedule)	42 294,969	231,149	20,238	43,582
43	Other expenses not covered above (itemize)				
a	See Statement 6	43a 1,552,656	1,123,103	55,845	373,708
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22-43). Organizations completing columns (B) - (D), carry these totals to lines 13-15.	44 15,230,618	12,200,388	733,244	2,296,986

Joint Costs Check ☒ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 1,085,000, (ii) the amount allocated to program services \$ 160,000, (iii) the amount allocated to management and general \$ 0, and (iv) the amount allocated to fundraising \$ 925,000.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶

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) &amp; (4) organizations &amp; section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

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

a	PROGRAM SERVICES - See Statement 8	
	(Grants and allocations \$ _____)	8,690,620
b	EDUCATION AND INFORMATION - See Statement 8	
	(Grants and allocations \$ _____)	1,797,284
c	COMMUNITY SERVICES - See Statement 8	
	(Grants and allocations \$ _____)	1,712,484
d		
	(Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	12,200,388

**Part IV Balance Sheets** (See instructions)

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
ASSETS	45	Cash — non interest-bearing		550,466	45	436,058
	46	Savings and temporary cash investments		3,092,647	46	4,675,667
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a	4,314,290		
	b	Less allowance for doubtful accounts	48b		48c	4,314,290
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		55,000	52	
	53	Prepaid expenses and deferred charges		302,889	53	270,474
	54	Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,914,131	54	7,855,780
	55a	Investments — land, buildings, & equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments — other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	2,318,201			
b	Less accumulated depreciation (attach schedule)	57b	903,508	1,501,298	57c	1,414,693
58	Other assets (describe ► )			58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		16,043,924	59	18,966,962	
LIABILITIES	60	Accounts payable and accrued expenses		1,534,541	60	1,318,876
	61	Grants payable			61	
	62	Deferred revenue		146,425	62	112,863
	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 ► See Line 65 Stmt )		860,991	65	946,410
66	<b>Total liabilities</b> (add lines 60 through 65)		2,541,957	66	2,378,149	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		8,190,469	67	7,704,866
	68	Temporarily restricted		5,224,000	68	8,785,449
	69	Permanently restricted		87,498	69	98,498
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)		13,501,967	73	16,588,813
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		16,043,924	74	18,966,962

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	18,317,464
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -130,413		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	-130,413
<b>c</b>	Line a minus line b	<b>c</b>	18,447,877
<b>d</b>	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)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	18,447,877

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	15,230,618
<b>b</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>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	15,230,618
<b>d</b>	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)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	15,230,618

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
<b>OFFICERS</b>				
See Statement 10A				
<b>TRUSTEES</b>				
See Statement 10B				
<b>KEY EMPLOYEES</b>				
See Statement 10C				

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 instructions



**Part VII Analysis of Income-Producing Activities** (See instructions)

**Note** 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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	105,972	
96 Dividends & interest from securities			14	143,347	
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-62,418	
101 Net income or (loss) from special events			01	617,337	
102 Gross profit or (loss) from sales of inventory			05	292,552	
103 Other revenue a					
b MISCELLANEOUS			01	58,335	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,155,125	
105 Total (add line 104, columns (B), (D), and (E))					1,155,125

**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 instructions)

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)
1	NOT APPLICABLE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

N/A

(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 instructions)

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)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

1-7-03

ANCE AND ADMINISTRATION

**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)

Supplementary Information — (see separate instructions)

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

**2001**

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 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
PRISCILLA HARTUNG Cancer Care 275 7th Avenue New York New York 10001	Director of Social Services	100,152	16,252	0
KAREN COLIMORE Cancer Care 275 7th Avenue New York New York 10001	Executive Director - NJ	86,528	9,633	0
CAROLYN MESSNER Cancer Care 275 7th Avenue New York New York 10001	Director of Education	80,981	14,292	0
JANE MACDONALD Cancer Care 275 7th Avenue New York New York 10001	Executive Director - CT	76,814	9,148	0
ALLEN LEVINE Cancer Care 275 7th Avenue New York New York 10001	Asst Dir of Social Services	76,522	17,246	0
Total number of other employees paid over \$50,000	23			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
SPECTRUM SCIENCE PUBLIC RELATIONS 1020 Nineteenth Stree NW, Washington, DC 20036	Educational Public Relations	467,196
DOCTORS AND DESIGNERS 53 Cardinal Drive, Westfield, NJ 07090	Educational Public Relations	134,460
SANKY PERLOWIN ASSOCIATES, INC 589 Eighth Avenue, New York, NY 10018	Direct Marketing Consultant	122,810
ONCOLOGY EDUCATION SERVICES, INC 125 Enterprise Dirve, Pittsburg, PA 15275	Educational Public Relations	90,505
PROJECTS PLUS, INC 145 West 45th Street, New York, NY 10036	Special Events Consultant	89,467
Total number of others receiving over \$50,000 for professional services	2	

**Part III** Statements About Activities (See instructions)

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 ▶ \$ 3,500

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Pt V, Fm 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

**Note** 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

**Part IV** Reason for Non-Private Foundation Status (See 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)
- 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)
- 11 a ☒ 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)
- 11 b ☐ 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	15,900,082	11,398,659	9,346,524	8,030,899	44,676,164
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,394,248	3,349,059	3,412,554	4,049,639	13,205,500
<b>18</b> 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	205,414	260,595	247,439	173,476	886,924
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	62,758	63,549	73,743	62,006	262,056
<b>23</b> Total of lines 15 through 22	18,562,502	15,071,862	13,080,260	12,316,020	59,030,644
<b>24</b> Line 23 minus line 17	16,168,254	11,722,803	9,667,706	8,266,381	45,825,144
<b>25</b> Enter 1% of line 23	185,625	150,719	130,803	123,160	

<b>26 Organizations described on lines 10 or 11</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	916,503
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	13,780,133
<b>c</b> Total support for Section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	45,825,144
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 886,924 <b>19</b>	<b>26d</b>	14,929,113
	<b>22</b> 262,056 <b>26b</b> 13,780,133	<b>26e</b>	30,896,031
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	67.42 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12</b>			
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2000) _____ (1999) _____ (1998) _____ (1997) _____		
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. 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.	(2000) _____ (1999) _____ (1998) _____ (1997) _____		
<b>c</b> Add: Amounts from column (e) for lines	<b>15</b> _____ <b>16</b> _____	<b>27c</b>	
	<b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27d</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)			
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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.		
<b>35</b> 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 instructions)  
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' 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	3,500
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 —		
	<b>If the amount on line 40 is —</b>		
	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		
	<b>The lobbying nontaxable amount is —</b>		
	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	
<b>Caution</b> 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See 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)

Yes	No	Amount

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



**Cancer Care Inc.**  
**Index to Schedules**  
**For the Fiscal Year Ended June 30, 2002**

<b>Statement</b>	<b>Line</b>	<b>Description</b>
<b>Form 990:</b>		
1	<b>Part 1, Line 1d</b>	Contributions, Gifts and Grants
2	<b>9a - 9c</b>	Special Events and Activities
3	<b>10a - 10c</b>	Gross Profit (Loss) from Sales of Inventory - Thrift Shops
4	<b>20</b>	Other Changes in Net Assets or Fund Balances
5	<b>23</b>	Specific Assistance to Individuals
6	<b>25</b>	Other Expenses
7		Mission Statement
8	<b>Part III, a,b,c</b>	Statement of Program Service Accomplishments
9	<b>54</b>	Investments - Securities
9A	<b>42, 57a - 57b</b>	Schedule of Depreciable Assets
10A,B,C	<b>Part V</b>	List of Officers, Directors, and Key Employees
11	<b>65</b>	Other Liabilities
<b>Form 990 - Schedule A:</b>		
12	<b>Part III, 4b</b>	Statement of Grant Making Activities
13	<b>Part VI-B, f</b>	Lobbying Activities

**Cancer Care, Inc**  
**Gross Profit (Loss) from Sales of Inventory - Thrift Shops**  
**For the Fiscal Year Ended June 30, 2002**

*Closed 6/30/01*

	<b>Total</b>	<b>Thrift Shop New York</b>	<b>Thrift Shop Long Island</b>
<hr/>			
<b>Revenue</b>			
<b>Gross Sales</b>	<b>778,545</b>	<b>778,545</b>	<b>0</b>
<hr/>			
<b>Salaries</b>			
Salaries	190,544	186,900	3,644
Temporary Services	59,561	59,561	0
<b>Total Salaries</b>	<b>250,105</b>	<b>246,461</b>	<b>3,644</b>
<hr/>			
<b>Employee Benefits</b>			
Payroll Taxes	19,158	18,776	382
Employee Benefits	33,356	33,356	0
Pension Expense	8,412	8,412	0
<b>Total Employee Benefits</b>	<b>60,926</b>	<b>60,544</b>	<b>382</b>
<hr/>			
<b>Direct Expenses</b>			
Professional Fees	19,971	19,597	374
Postage and Shipping	10,806	10,798	8
Telephone	4,003	4,003	0
Occupancy	114,979	114,819	160
Supplies	3,258	3,258	0
Printing and Publications	757	757	0
Equipment Costs	169	169	0
Staff and Volunteer Support	530	530	0
Travel and Related	90	61	29
Local Transportation	0	0	0
Meetings	4	4	0
Marketing and Promotion	9,727	8,051	1,676
Taxes	4,959	4,959	0
Insurance	3,978	3,978	0
Interest and Bank Charges	1,366	0	1,366
Miscellaneous	365	40	325
<b>Total Direct Expenses</b>	<b>174,962</b>	<b>171,024</b>	<b>3,938</b>
<hr/>			
<b>Total Expenses</b>	<b>485,993</b>	<b>478,029</b>	<b>7,964</b>
<hr/>			
<b>Gross Profit (Loss) from Sales of Inventory</b>	<b>292,552</b>	<b>300,516</b>	<b>(7,964)</b>
<hr/>			

**Cancer Care, Inc.**  
**Other Changes in Net Assets or Fund Balances**  
**For the Fiscal Year Ended June 30, 2002**

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To adjust unrestricted fund balance by the unrealized gain on investments of \$130,413 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, 2002**

	<b>Amount</b>
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.	3,635,787



**Cancer Care, Inc.**  
**Other Expenses**  
**For the Fiscal Year Ended June 30, 2002**

	<b>Total</b>	<b>Program Services</b>	<b>Management and General</b>	<b>Fundraising</b>
Contract Services	1,349,037	980,248	43,789	325,000
Insurance	79,463	63,100	5,008	11,355
Staff / Volunteer Training	41,030	29,571	3,438	8,021
Marketing and Promotion	31,991	8,994	2	22,995
Other	31,480	27,926	2,746	808
Memberships and Subscriptions	19,655	13,264	862	5,529
	<b>1,552,656</b>	<b>1,123,103</b>	<b>55,845</b>	<b>373,708</b>

# **Cancer Care, Inc.**

## **Mission Statement**

**CancerCare is dedicated to helping people face the many challenges of a cancer diagnosis.**

**As the largest national non-profit organization of its kind, CancerCare provides free professional support services including counseling, education, financial assistance and practical help to people across the country.**

**Since our inception in 1944, CancerCare has offered help and hope to more than two million people with cancer, their family members and friends, as well as healthcare professionals.**

**Our services are available to people of all ages, with all types of cancer and at any stage of the disease. More information about CancerCare can be found at [www.cancercare.org](http://www.cancercare.org) or by calling 1-800-813-HOPE.**

Cancer Care, Inc.  
Statement of Program Service Accomplishments  
As of June 30, 2002

	Grants and Allocations	Expenses
<b><i>Social Services</i></b>		
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	8,690,620
<b><i>Education and Information</i></b>		
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 -- <a href="http://www.cancercare.org">www.cancercare.org</a>	0	1,797,284
<b><i>Community Services</i></b>		
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	1,712,484
	<u>0</u>	<u>12,200,388</u>

**Cancer Care, Inc**  
**Investments - Securities**  
**For the Fiscal Year Ended June 30, 2002**

<b>Investment Manager</b>	<b>Cash</b>	<b>Treasuries</b>	<b>Stocks</b>	<b>Bonds</b>	<b>Total</b>
<b>Cost Basis</b>					
W P Stewart	7,037		2,337,874		2,344,911
Perkins, Wolf, McDonnell	529,470		1,120,530		1,650,000
Bank of New York - Hamilton Fund	882,433				882,433
Vanguard	1,299			1,986,807	1,988,106
Bank of New York - Omnibus Gift Clearing Account	53		2,098		2,151
Bank of New York - Annuity Investment Account	93,295	650,000			743,295
	<b>1,513,587</b>	<b>650,000</b>	<b>3,460,502</b>	<b>1,986,807</b>	<b>7,610,896</b>

<b>Fair Value</b>					
W P Stewart	7,037	0	2,552,135	0	2,559,172
Perkins, Wolf, McDonnell	529,470	0	1,107,802	0	1,637,272
Bank of New York - Hamilton Fund	882,433	0	0	0	882,433
Vanguard	1,299	0	0	2,038,055	2,039,354
Bank of New York - Omnibus Gift Clearing Account	53	0	2,098	0	2,151
Bank of New York - Annuity Investment Account	93,295	642,103	0	0	735,398
	<b>1,513,587</b>	<b>642,103</b>	<b>3,662,035</b>	<b>2,038,055</b>	<b>7,855,780</b>

<b>Cumulative Unrealized Gain (Loss)</b>					
W P Stewart	0	0	214,261	0	214,261
Perkins, Wolf, McDonnell	0	0	(12,728)	0	(12,728)
Bank of New York - Hamilton Fund	0	0	0	0	0
Vanguard	0	0	0	51,248	51,248
Bank of New York - Omnibus Gift Clearing Account	0	0	0	0	0
Bank of New York - Annuity Investment Account	0	(7,897)	0	0	(7,897)
	<b>0</b>	<b>(7,897)</b>	<b>201,533</b>	<b>51,248</b>	<b>244,884</b>

Cancer Care, Inc  
Schedule of Depreciable Assets  
For the Fiscal Year Ended June 30, 2002

Property Description	Date In Service	Depreciation Method	Years	Beginning Balance	Purchases	Retirements	Depreciation	Ending Balance
<b>Cost</b>								
Leasehold Improvements	2000	Straight Line	Life of Lease	597,731	64,397	0	0	662,128
Furniture and Equipment	1993 - 2000	Straight Line	7	686,153	79,247	0	0	765,400
Telephone Equipment	1993 - 2000	Straight Line	7	356,380	13,536	0	0	369,916
Computer Equipment	1995 - 2000	Straight Line	5	469,573	51,184	0	0	520,757
<b>Total Cost</b>				<b>2,109,837</b>	<b>208,364</b>	<b>0</b>	<b>0</b>	<b>2,318,201</b>

**Accumulated Deprecation**

Leasehold Improvements	2000	Straight Line	Life of Lease	74,319	0	0	50,506	124,825
Furniture and Equipment	1993 - 2000	Straight Line	7	183,367	0	0	100,651	284,018
Telephone Equipment	1993 - 2000	Straight Line	7	172,535	0	0	51,139	223,674
Computer Equipment	1995 - 2000	Straight Line	5	178,318	0	0	92,673	270,991
<b>Total Accumulated Deprecation</b>				<b>608,539</b>	<b>0</b>	<b>0</b>	<b>294,969</b>	<b>903,508</b>

**Net Book Balance**

Leasehold Improvements	2000	Straight Line	Life of Lease	523,412	64,397	0	(50,506)	537,303
Furniture and Equipment	1993 - 2000	Straight Line	7	502,786	79,247	0	(100,651)	481,382
Telephone Equipment	1993 - 2000	Straight Line	7	183,845	13,536	0	(51,139)	146,242
Computer Equipment	1995 - 2000	Straight Line	5	291,255	51,184	0	(92,673)	249,766
<b>Total Net Book Balance</b>				<b>1,501,298</b>	<b>208,364</b>	<b>0</b>	<b>(294,969)</b>	<b>1,414,693</b>

**Cancer Care, Inc**  
**List of Officers, Directors and Key Employees**  
**For the Fiscal Period Ended June 30, 2002**

<b>Name / Address</b>	<b>Title and average hours per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account and other allowances</b>
<b>Officers</b>				
<b>Samuel Turner</b> Ropes & Gray 1301 K St , NW Washington, DC 20005	President	0	0	0
<b>Paul Friedman</b> Senior Managing Director Bear Stearns & Co 383 Madison Avenue New York, New York 10179	Chairman of the Executive Committee	0	0	0
<b>Audrey Boughton</b> 993 Park Avenue New York New York 10028	Vice President	0	0	0
<b>John A. Gentile, Jr</b> 28 Pine Drive Woodbury, NY 11797	Vice President	0	0	0
<b>Annie Overholser</b> 175 East 79th Street New York, New York 10021	Vice President	0	0	0
<b>Weslie Janeway</b> 1 West 72nd Street New York, New York 10023-3418	Treasurer	0	0	0
<b>Paul F. Balser</b> Ironwood Partners, LLC 230 Park Avenue New York, NY 10169-1450	Assistant Treasurer	0	0	0
<b>Carolyn C. Lynch</b> 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, 2002**

<b>Name / Address</b>	<b>Title and average hours per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account and other allowances</b>
<b>Trustees</b>				
<b>Thomas A Andruskevich</b> President and Chief Executive Officer Henry Birks & Sons, Inc Birks Jewellers, Inc 1240 Phillips Square Montreal, Quebec H3B 3H4 CANADA		0	0	0
<b>Adrienne Claere</b> 170 East 77th Street New York, New York 10021		0	0	0
<b>Margaret R Diaz-Cruz, ACSW</b> 400 East 89th Street New York New York 10128		0	0	0
<b>Frank Doroff</b> Executive Vice President / GMM Bloomingdale s 1000 Third Avenue New York, New York 10022		0	0	0
<b>Timothy M Dwyer</b> 595 Smith Ridge Road New Canaan, Connecticut 06840		0	0	0

**Cancer Care, Inc**  
**List of Officers, Directors and Key Employees**  
**For the Fiscal Period Ended June 30, 2002**

<b>Name / Address</b>	<b>Title and average hours per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account and other allowances</b>
<b>Louis A. Guzzetti, Jr</b> 90 Ferns Hill Road New Canaan, Connecticut 06840		0	0	0
<b>Don J. Hayden, Jr</b> Executive Vice President e-Business and Strategy Bristol Myers Squibb Company P O Box 4000 Princeton, New Jersey 08543-4000		0	0	0
<b>C. Hugh Hildesley</b> Executive Vice President of Client Development N & S A Sotheby's 1334 York Avenue New York, New York 10021		0	0	0
<b>Edward C. Lauber</b> 36 Sutton Place South New York, NY 10022-4166				
<b>Alan J. Milbauer</b> V P External Affairs ZENECA Pharmaceuticals 1800 Concord Pike P O Box 15437 Wilmington, Delaware 19850-5437		0	0	0
<b>Garry Nicholson</b> Eli Lilly and Company Lilly Corporate Center Indianapolis, Indiana 46285		0	0	0
<b>William C. Pelster</b> Skadden, Arps, Slate, Meagher & Flom Four Times Square New York, New York 10036-6522		0	0	0
<b>Bert M. Petersen, Jr., M.D.</b> Beth Israel Cancer Center 10 Union Square East New York, New York 10003				
<b>Dorothy Schachne</b> 175 Fairway View Drive Commack, New York 11725		0	0	0
<b>Michael Schechter</b> Mentor Partners 500 Park Avenue New York, New York 10022				
<b>Margaret M. Siegel</b> Chanel, Inc 15 E. 57th Street New York, New York 10022		0	0	0
<b>Peter Stalker III</b> 603 Smith Ridge Road New Canaan, CT 06840		0	0	0



**Cancer Care, Inc**  
**List of Officers, Directors and Key Employees**  
**For the Fiscal Period Ended June 30, 2002**

<b>Name / Address</b>	<b>Title and average hours per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account and other allowances</b>
<b>David L. Stone</b> President Stone Capital Advisors LLC 750 Lexington Avenue New York, New York 10022		0	0	0
<b>James B. Swire</b> Dorsey & Whitney 250 Park Avenue New York, New York 10177		0	0	0
<b>Dana Tyler</b> WCBS-TV 524 W 57th Street New York, New York 10019		0	0	0
<b>Rabbi Burton L. Visotzky</b> The Jewish Theological Seminary of America 3080 Broadway New York, New York 10027-4649		0	0	0
<b>Debra Walton-Collings</b> 159 Prospect Place Brooklyn New York 11238		0	0	0

**Cancer Care, Inc**  
**List of Officers, Directors and Key Employees**  
**For the Fiscal Period Ended June 30, 2002**

<b>Name / Address</b>	<b>Title and average hours per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account and other allowances</b>
<b>Key Employees</b>				
<b>Diane Blum</b> c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001	Executive Director  (40 hours)	194,961	25,840	0
<b>Ellen Coleman</b> c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001	Associate Executive Director  (40 hours)	107,222	12,813	0
<b>John Rutigliano</b> c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001	Director of Finance and Administration  (40 hours)	127,096	14,204	0
<b>Lanie Domm</b> c/o Cancer Care, Inc 275 Seventh Avenue New York, New York 10001	National Director of Development  (40 hours)	104,385	12,614	0
		<b>533,664</b>	<b>65,471</b>	<b>0</b>

**Cancer Care, Inc**  
**Other Liabilities**  
**For the Fiscal Year Ended June 30, 2002**

	<u>June 30, 2002</u>	<u>June 30, 2001</u>
Deferred Rent	617,662	534,161
Annuites Payable	328,748	326,830
	<u>946,410</u>	<u>860,991</u>

**Cancer Care, Inc.**  
**Statement of Grant Making Activity**  
**For the Fiscal Year Ended June 30, 2002**

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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-a-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, 2002**

Description	Amount
Cancer Care, Inc encourages it supporters and clients to contact their representative, through its "Legislative Alert" section of its Web site <a href="http://www.cancercare.org">www.cancercare.org</a> , on health policy matters that are important for people with cancer	3,500

Form **8868**  
(December 2000)

# 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 ☒
- 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 of Exempt Organization <b>CANCER CARE, INC.</b>	Employer identification number <b>13-1825919</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>275 SEVENTH AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK, NY 10001</b>	

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.


1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/18, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning 07/01, 2001, and ending 06/30, 2002.

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 **AUTHORIZED AGENT** Date **11-15-01**  
For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)