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Form **990**

# Return of Organization Exempt from Income Tax

OMB No. 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003**

**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.

Cancer Care, Inc.  
275 Seventh Avenue  
New York, NY 10001

**D** Employer identification number

13-1820519

**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 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](http://www.cancercare.org)

**J** Organization type

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

**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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **16,068,234.**

## 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** 9,727,180.

**b** Indirect public support: **1b** 384,670.

**c** Government contributions (grants): **1c**

**d** Total (add lines 1a through 1c) (cash \$ 8,837,269, noncash \$ 1,274,581.) **1d** 10,111,850.

**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** 85,726.

**5** Dividends and interest from securities: **5** 166,794.

**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: **8a** 2,366,516. **8b**

**c** Gain or (loss) (attach schedule): **8b** 2,560,562. **8c**

**d** Net gain or (loss) (combine line 8c, columns (A) and (B)): **8c** (-194,046. **8d** -194,046.

**9** Special events and activities (attach schedule): **9d**

**a** Gross revenue (not including \$ 664,927. of contributions reported on line 1a): **9a** 2,488,608.

**b** Less: direct expenses other than fundraising expenses: **9b** 773,469.

**c** Net income or (loss) from special events (subtract line 9b from line 9a): **9c** 1,715,139.

**10a** Gross sales of inventory, less returns and allowances: **10a** 766,011.

**b** Less: cost of goods sold: **10b** 489,413.

**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a): **10c** 276,598.

**11** Other revenue (from Part VII, line 103): **11** 82,729.

**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11): **12** 12,244,790.

**13** Program services (from line 44, column (B)): **13** 12,867,538.

**14** Management and general (from line 44, column (C)): **14** 784,993.

**15** Fundraising (from line 44, column (D)): **15** 2,317,221.

**16** Payments to affiliates (attach schedule): **16**

**17** Total expenses (add lines 16 and 44, column (A)): **17** 15,969,752.

**18** Excess or (deficit) for the year (subtract line 17 from line 12): **18** (-3,724,962.

**19** Net assets or fund balances at beginning of year (from line 73, column (A)): **19** 16,588,813.

**20** Other changes in net assets or fund balances (attach explanation): **20** 140,863.

**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20): **21** 13,004,714.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

T2EA0107L 09/04/02

Form 990 (2002)

SCANNED APR 19 2004

RECEIVED

EXPENSES

NET ASSETS

RECEIVED  
1307  
APR 06 2004  
OGDEN, UT

Form 990 (2002) Cancer Care, Inc.

13-1821519

Page 2

**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	4,044,482.	4,044,482.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	520,249.	300,479.	104,039.	115,731.
26 Other salaries and wages	26	4,725,217.	3,731,664.	318,301.	675,252.
27 Pension plan contributions	27	276,565.	209,540.	15,458.	51,567.
28 Other employee benefits	28	715,318.	553,309.	48,895.	113,114.
29 Payroll taxes	29	362,164.	291,859.	29,445.	40,860.
30 Professional fundraising fees	30	90,900.			90,900.
31 Accounting fees	31	58,700.		58,700.	
32 Legal fees	32	28,155.	350.		27,805.
33 Supplies	33	83,147.	58,783.	14,678.	9,686.
34 Telephone	34	533,596.	495,792.	10,558.	27,246.
35 Postage and shipping	35	617,883.	316,613.	2,824.	298,446.
36 Occupancy	36	1,147,047.	921,852.	71,301.	153,894.
37 Equipment rental and maintenance	37	213,777.	162,916.	18,109.	32,752.
38 Printing and publications	38	655,095.	471,653.	3,688.	179,754.
39 Travel	39	61,286.	50,737.	2,129.	8,420.
40 Conferences, conventions, and meetings	40				
41 Interest	41	9,856.	318.	125.	9,413.
42 Depreciation, depletion, etc (attach schedule)	42	307,586.	238,788.	20,025.	48,773.
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	1,518,729.	1,018,403.	66,718.	433,608.
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	15,969,752.	12,867,538.	784,993.	2,317,221.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are 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 \$ 1,150,000.; (ii) the amount allocated to program services \$ 189,000.; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ 961,000..

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? See Statement 5

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 and 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 See Statement 6		
(Grants and allocations \$ _____)		12,867,538.
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
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)		12,867,538.

13-1821519

Page 3

Form 990 (2002) Cancer Care, Inc.

**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
45	Cash — non-interest-bearing.....	436,058.	798,612.
46	Savings and temporary cash investments.....	4,675,667.	4,215,084.
47a	Accounts receivable.....		
47b	Less: allowance for doubtful accounts.....		
48a	Pledges receivable.....	1,343,710.	
48b	Less: allowance for doubtful accounts.....		
49	Grants receivable.....		
50	Receivables from officers, directors, trustees, and key employees (attach schedule).....		
51a	Other notes & loans receivable (attach sch).....		
51b	Less: allowance for doubtful accounts.....		
52	Inventories for sale or use.....		
53	Prepaid expenses and deferred charges.....	270,474.	229,113.
54	Investments — securities (attach schedule)..... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,855,780.	7,932,197.
55a	Investments — land, buildings, & equipment: basis.....		
55b	Less: accumulated depreciation (attach schedule).....		
56	Investments — other (attach schedule).....		
57a	Land, buildings, and equipment: basis.....	2,230,948.	
57b	Less: accumulated depreciation (attach schedule).....	1,071,216.	
58	Other assets (describe <input type="checkbox"/> Statement 7.....)		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74).....	18,966,962.	15,678,448.
60	Accounts payable and accrued expenses.....	1,318,876.	1,511,470.
61	Grants payable.....		
62	Deferred revenue.....	112,863.	107,780.
63	Loans from officers, directors, trustees, and key employees (attach schedule).....		
64a	Tax-exempt bond liabilities (attach schedule).....		
64b	Mortgages and other notes payable (attach schedule).....		
65	Other liabilities (describe <input type="checkbox"/> See Statement 8.....)	946,410.	1,054,484.
66	<b>Total liabilities</b> (add lines 60 through 65).....	2,378,149.	2,673,734.
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
67	Unrestricted.....	7,704,866.	6,861,876.
68	Temporarily restricted.....	8,785,449.	6,142,838.
69	Permanently restricted.....	98,498.	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
70	Capital stock, trust principal, or current funds.....		
71	Paid-in or capital surplus, or land, building, and equipment fund.....		
72	Retained earnings, endowment, accumulated income, or other funds.....		
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; column (B) must equal line 21).....	16,588,813.	13,004,714.
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	18,966,962.	15,678,448.

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.

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Form 990 (2002) Cancer Care, Inc.

13-1821519

Page 4

**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>	12,385,653.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments .... \$		140,863.
(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>	140,863.
<b>c</b>	Line a minus line b .....	<b>c</b>	12,244,790.
<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>	12,244,790.

**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>	15,969,752.
<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>	15,969,752.
<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>	15,969,752.

**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
See Statement 9				
		520,249.	65,644.	0.

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.

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Form 990 (2002)

Form 990 (2002) Cancer Care, Inc.

13-1821519

Page 5

**Part VII Other Information** (See instructions.)

		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.		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	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?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?	X	
82b	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 in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85c	Dues, assessments, and similar amounts from members.	N/A	
85d	Section 162(e) lobbying and political expenditures.	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities.	N/A	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. 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.		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <u>All states requiring registration</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	113
91	The books are in care of <u>John Rutigliano, CPA</u> Telephone number <u>212-712-8400</u> Located at <u>275 Seventh Avenue, New York, NY 10001</u> ZIP + 4 <u>10001</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> N/A... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

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Form 990 (2002)

Page 6

**Note:** Enter gross amounts unless otherwise indicated.

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

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).
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**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

**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 and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Paid  
Pre-  
parer's  
Use  
Only**

**BAA**

**SCHEDULE A**  
(Form 990 or 990-EZ)**Organization Exempt Under  
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(l), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

**2002**Department of the Treasury  
Internal Revenue Service▶ **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

13-1821519

**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 and deferred compensation	(e) Expense account and other allowances
Priscilla Hartung 275 7th Avenue, New York, NY 10001	Dir Social Serv 40	142,389.	18,370.	0.
Allen Levine 275 7th Avenue, New York, NY 10001	Asst Dir Soc Sv 40	123,746.	21,096.	0.
Joan Runfola 275 7th Avenue, New York, NY 10001	Asst Dir Dev NJ 40	105,437.	18,808.	0.
Karen Colimore 275 7th Avenue, New York, NY 10001	Exec Dir - NJ 40	92,426.	9,845.	0.
Carolyn Messner 275 7th Avenue, New York, NY 10001	Dir - Education 40	80,080.	15,255.	0.
Total number of other employees paid over \$50,000	32			

**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, Inc. 1020 19th Street NW, Washington, DC 20036	Program Development	294,851.
Sanky Perlowin Associates, Inc. 589 Eighth Avenue, New York, NY 10018	Direct Marketing	126,458.
Oncology Education Services, Inc. 125 Enterprise Drive, Pittsburgh, PA 15275	Program Development	84,181.
Public Interest Data, Inc. 1800 Diagonal Road, Alexandria VA 22314	Data Processing	78,787.
H-Tell, Inc. 7 Stratford Drive, Mount Kisco, NY 10549	Communications	65,071.
Total number of others receiving over \$50,000 for professional services	2	

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

Schedule A (Form 990 or 990-EZ) 2002

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

- 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. **\$ 5,000.**  
(Must equal amounts on line 38, Part VI-A, or line I 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 Form 990, Part V

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 **07**  
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 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.)



Schedule A (Form 990 or 990-EZ) 2002 **Cancer Care, Inc.** 13-1821519 Page 3

**Part IV 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	17,292,752.	15,900,082.	11,398,659.	9,346,524.	53,938,017.
<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.....	2,181,844.	2,394,248.	3,349,059.	3,412,554.	11,337,705.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(9)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.....	249,319.	205,414.	260,595.	247,439.	962,767.
<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 See Stmt. 10.....	58,335.	62,758.	63,549.	73,743.	258,385.
<b>23</b> Total of lines 15 through 22.....	19,782,250.	18,562,502.	15,071,862.	13,080,260.	66,496,874.
<b>24</b> Line 23 minus line 17.....	17,600,406.	16,168,254.	11,722,803.	9,667,706.	55,159,169.
<b>25</b> Enter 1% of line 23.....	197,823.	185,625.	150,719.	130,803.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24.....					<b>26a</b> 1,103,183.
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 1998 through 2001 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> 14,286,557.
c Total support for section 509(a)(1) test: Enter line 24, column (e).....					<b>26c</b> 55,159,169.
d Add: Amounts from column (e) for lines: 18 962,767. 19 258,385. 22 258,385. 26b 14,286,557.					<b>26d</b> 15,507,709.
e Public support (line 26c minus line 26d total).....					<b>26e</b> 39,651,460.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					<b>26f</b> 71.89 %
<b>27 Organizations described on line 12:</b> N/A					
a 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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> _____
e Public support (line 27c total minus line 27d total).....					<b>27e</b> _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)....					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....					<b>27g</b> _____ %
h 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 1998 through 2001, 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.

Schedule A (Form 990 or 990-EZ) 2002 Cancer Care, Inc.

13-1821519

Page 4

**Part VII 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
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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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.	35		

Schedule A (Form 990 or 990-EZ) 2002 **Cancer Care, Inc.** 13-1821519 Page 5

**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	
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>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000..... 20% of the amount on line 40 .....		
	Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000..... \$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) 2002	(b) 2001	(c) 2000	(d) 1999	(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:

	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....	X		5,000.
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h.) .....			5,000.

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

See Statement 11

BAA

Schedule A (Form 990 or 990-EZ) 2002

13-1821519

## Part VIII

Form 990 or 990-EZ 2002 **Cancer Care, Inc.**

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization 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:

(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]

Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **Page 2**  
 Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  
 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print File by the extended due date for filing the 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>	For IRS use only
	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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box. ☐  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.  
 4 I request an additional 3-month extension of time until **05/17/2004**  
 5 For calendar year **2003**, or other tax year beginning **07/01/2002** and ending **06/30/2003**  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions. \$  
 b If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$  
 9 Subtract line 8b from line 8a. 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** Date **2/16/04**

**Notice to Applicant - To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the due date of the return for which it is requested.  
☐ Other

Director By:  
 Alternate Mailing Address - Enter the address if you want the copy of this application for returned to an address different than the one entered above.

Type or print	Name <b>KPMG LLP - ATTENTION THERESA TAMMONE</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>345 PARK AVENUE - 38TH FLOOR</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY 10154-0102</b>

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Form 8868 (12-2000)

2002

Federal Statements

Page 1

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

Statement 1  
 Form 990, Part I, Line 9  
 Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
All Other Events (44)	1,919,986.	494,566.	1,425,420.	550,037.	875,383.
Human Services Award Dinner	590,911.	116,411.	474,500.	106,602.	367,898.
Gala Dinner - New Jersey	328,805.	23,500.	305,305.	38,190.	267,115.
Spring Soiree	313,833.	30,450.	283,383.	78,640.	204,743.
Total	<u>\$ 3,153,535.</u>	<u>\$ 664,927.</u>	<u>\$ 2,488,608.</u>	<u>\$ 773,469.</u>	<u>\$ 1,715,139.</u>

Statement 2  
 Form 990, Part I, Line 10  
 Gross Profit (Loss) From Sales Of Inventory

Thrift Shop Sales	\$ 766,011.
Gross Sales	\$ 766,011.
Less Returns & Allowances	0.
Net Sales	\$ 766,011.
Less Cost Of Goods Sold	489,413.
Gross Profit From Sales Of Inventory	<u>\$ 276,598.</u>

Statement 3  
 Form 990, Part I, Line 20  
 Other Changes in Net Assets or Fund Balances

Net Unrealized Gain on Securities	\$ 140,863.
Total	<u>\$ 140,863.</u>

Statement 4  
 Form 990, Part II, Line 43  
 Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Contract Services	1,280,219.	848,713.	52,595.	378,911.
Insurance	117,517.	92,323.	6,908.	18,286.
Marketing and Promotion	28,992.	11,582.	12.	17,398.
Memberships and Subscriptions	18,368.	12,642.	961.	4,765.
Miscellaneous	38,863.	27,746.	2,739.	8,378.
Staff and Volunteer Training	34,770.	25,397.	3,503.	5,870.
Total	<u>\$ 1,518,729.</u>	<u>\$ 1,018,403.</u>	<u>\$ 66,718.</u>	<u>\$ 433,608.</u>

2002

Federal Statements

Page 2

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

**Statement 5  
Form 990, Part III  
Organization's Primary Exempt Purpose**

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 its 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. CancerCare's 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 online at [www.cancercare.org](http://www.cancercare.org) or by calling (800) 813-HOPE (4673).

**Statement 6  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Cancer Care is a National organization that provides free professional help to people with all types of cancers through counseling, information and referral, and direct financial assistance.		9,545,940.
Cancer Care educates clients, medical providers and care givers through telephone education workshops, on-site workshops and work place seminars on a variety of diagnosis specific and cancer related topics. Cancer Care also maintains an extensive website - <a href="http://www.cancercare.org">www.cancercare.org</a> .		1,791,956.
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.		1,529,642.
	<u>\$</u>	<u>0.</u> <u>\$ 12867538.</u>

**Statement 7  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 738,222.	\$ 349,893.	\$ 388,329.
Machinery and Equipment	837,388.	555,270.	282,118.
Improvements	655,338.	166,053.	489,285.
Total	<u>\$ 2,230,948.</u>	<u>\$ 1,071,216.</u>	<u>\$ 1,159,732.</u>

2002

# Federal Statements

Page 3

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

## Statement 8 Form 990, Part IV, Line 65 Other Liabilities

Annuities Payable.....	\$	364,362.
Deferred Rent.....		690,122.
Total	\$	<u>1,054,484.</u>

## Statement 9 Form 990, Part V List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Samuel D. Turner Cancer Care, 275 7th Avenue New York, NY 10001	President 3	\$ 0.	\$ 0.	\$ 0.
Paul M. Friedman Cancer Care, 275 7th Avenue New York, NY 10001	Exec Vice Pres 3	0.	0.	0.
Audrey Boughton Cancer Care, 275 7th Avenue New York, NY 10001	Vice President 3	0.	0.	0.
John A. Gentile, Jr. Cancer Care, 275 7th Avenue New York, NY 10001	Vice President 3	0.	0.	0.
Annie Overholser Cancer Care, 275 7th Avenue New York, NY 10001	Vice President 3	0.	0.	0.
Weslie Janeway Cancer Care, 275 7th Avenue New York, NY 10001	Treasurer 3	0.	0.	0.
Paul F. Balser Cancer Care, 275 7th Avenue New York, NY 10001	Asst Treasurer 3	0.	0.	0.
Carloyn C. Lynch Cancer Care, 275 7th Avenue New York, NY 10001	Secretary 3	0.	0.	0.
Thomas A. Andruskevich Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Joseph S. Bailles, MD Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.



2002

Federal Statements

Page 4

13-1821519

Client 1

Cancer Care, Inc.

06:46PM

3/12/04

Statement 9 (continued)  
 Form 990, Part V  
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Adrienne Cleere Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	\$ 0.	\$ 0.	\$ 0.
Margaret R. Diaz-Cruz, ACSW Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Frank Doroff Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Timothy Dwyer Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Louis A. Guzzetti, Jr. Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Don J. Hayden, Jr. Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
C. Hugh Hildesley Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Edward C. Lauber Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Alan J. Milbauer Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Garry Nicholson Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
William C. Pelster Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Bert M. Petersen, Jr., MD Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.

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2002

## Federal Statements

Page 5

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

**Statement 9 (continued)**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Dorothy Schachne Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	\$ 0.	\$ 0.	\$ 0.
Michael Schechter Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Margaret M. Siegel Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Peter Stalker III Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
David L. Stone Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
James B. Swire Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Dana Tyler Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Rabbi Burton L. Visotzky Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Debra Walton-Collings Cancer Care, 275 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Diane Blum Cancer Care, 275 7th Avenue New York, NY 10001	Executive Direc 40	194,923.	25,873.	0.
Ellen Coleman Cancer Care, 275 7th Avenue New York, NY 10001	Assoc Exec Dir 40	110,677.	13,413.	0.
John Rutigliano Cancer Care, 275 7th Avenue New York, NY 10001	Dir Fin & Admin 40	130,108.	14,774.	0.

2002

Federal Statements

Page 6

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

Statement 9 (continued)  
 Form 990, Part V  
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Lanie Domm Cancer Care, 275 7th Avenue New York, NY 10001	Dir of Devel 40	\$ 84,541.	\$ 11,584.	\$ 0.
Total		\$ 520,249.	\$ 65,644.	\$ 0.

Statement 10  
 Schedule A, Part IV-A, Line 22  
 Other Income

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
Miscellaneous	\$ 58,335.	\$ 62,758.	\$ 63,549.	\$ 73,743.	\$ 258,385.
Total	\$ 58,335.	\$ 62,758.	\$ 63,549.	\$ 73,743.	\$ 258,385.

Statement 11  
 Schedule A, Part VI-B, Line i  
 Descriptions of the Lobbying Activities

CancerCare encourages its supporters and clients to contact their representative, through its "Legislative Alert" section of its Web site -- [www.cancercare.org](http://www.cancercare.org) -- on health policy matters that are important for people with cancer.

2002

Federal Supplemental Information

Page 1

Client 1

Cancer Care, Inc.

13-1821519

3/12/04

06:46PM

Other Information

Number of employees employed in the pay period that includes 3/12/02 [90b]

Full-Time.....	\$	100.
Part-Time.....		13.
Total	\$	<u>113.</u>

Payments to Others (990)

Direct cash assistance to indigents

Direct Assistance to Cancer Patients.....	Total	\$	4,044,482.
	Total	\$	<u>4,044,482.</u>

Balance Sheet

Securities (Form 990) [O]

Cash and Cash Equivalents.....	\$	1,587,716.
US Treasury Notes.....		218,490.
Fixed Income Mutual Funds.....		2,170,769.
Common Stocks.....		3,955,222.
Total	\$	<u>7,932,197.</u>

Lobbying Expenditures (Sch A)

All electing organizations

"Legislative Alert" Section of Website.....	Total	\$	5,000.
	Total	\$	<u>5,000.</u>